

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: March 16, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

160 hours of a work hardening program to include CPT codes # 97545 and 97546.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Diplomate of the American Chiropractic Neurology Board

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier/URA include:

- Imaging, 01/29/07
- DWC-69, Report of Medical Evaluation, 05/23/07
- M.D., 05/23/07
- 01/01/08, 12/12/08, 12/22/08, 01/19/09
- M.D., 12/12/08, 12/12/08

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- Work Recovery, Inc., 12/12/08
- 12/19/08, 01/21/09
- Texas Workers' Compensation Work Status Report, 01/09/09
- Official Disability Guidelines, 2008

Medical records from the Requestor/Provider include:

- 10/18/07, 01/01/08, 12/12/08
- M.D., 12/12/08
- 12/12/08
- 12/19/08, 01/21/09
- Request for a Review by an Independent Review Organization, 1/23/09
- Texas Department of Insurance, 03/09/09

PATIENT CLINICAL HISTORY:

This patient was injured on xx/xx/xx while pulling orders when she turned around and fell over a plastic strip on the ground. She felt pain in her tailbone.

The patient has undergone extensive physical therapy, ultrasound, and injections.

The patient has been placed at maximum medical improvement with a 5% whole person impairment rating as of May 23, 2007, by M.D.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

There has been a request for 160 hours of work hardening that has been denied by the carrier. Based on the information provided, work hardening would not be recommended in this case. Based on variations in the functional capacity evaluation and also based on the Official Disability Guidelines, work hardening does not meet the criteria. There is no significant depression. The patient should be in a return to work capacity already and work hardening would not be considered necessary. Based on these guidelines, the information provided, and the patient's submaximal effort on functional capacity evaluations, I uphold the carrier's denial of this case.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**