



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

DATE OF REVIEW: 11/25/09

IRO CASE #:

DESCRIPTION OF QUALIFICATIONS OF REIEWER:

Doctor of Chiropractic. Diplomate, Congress of Chiropractic Consultants

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eight (8) physical performance tests.

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

| <i>Primary Diagnosis Code</i> | <i>Service Being Denied</i> | <i>Billing Modifier</i> | <i>Type of Review</i> | <i>Units</i> | <i>Date(s) of Service</i> | <i>Amount Billed</i> | <i>Date of Injury</i> | <i>DWC Claim #</i> | <i>Upheld Overturn</i> |
|---------------------------------------|-------------------------------------|-----------------------------|---------------------------|--------------|-------------------------------|--------------------------|---------------------------|------------------------|----------------------------|
| 924.11 | 97750-FC | | Retro. | 8 | 11/10/08 | \$280.00 | | | Overturn |

INFORMATION PROVIDED FOR REVIEW:

1. TDI Case Assignment.
2. Explanation of Benefits 11/11/09, including criteria used in the denial.
3. 2007
 - Office visits 09/25 & 10/24
 - MRIs 06/07 & 08/07
4. 2008
 - Office visit 01/09
 - Workers' Compensation Evaluation 07/24
 - FCEs 07/28 & 11/10
 - Progress note 10/30
5. Correspondence from chiropractor 01/21/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The records indicate the patient was injured on the job on xx/xx/xx. Her injury occurred during a fall onto the ground while working. While falling, she attempted to grab something with her right arm to prevent the fall. However, she ended up hurting her shoulder. She was treated with physical therapy and placed at MMI. She continued to have problems and requested a change of treating doctors. She was seen on 07/24/08 by her new treating doctor for evaluation. An initial FCE was performed on 07/28/08.

On 10/09/08 a second FCE, as well as a re-evaluation, was performed by her treating doctor. She had completed ten (10) days of a work hardening program. The second FCE revealed some progress; however, the patient was still unable to perform the duties that were required by her job classification. The patient had additional work hardening sessions and her third FCE on 11/10/08. The third FCE is the service in dispute.

The third FCE revealed continued physical and functional abilities with what appears to be exaggerated symptom complaints. In his report the treating doctor recommended a chronic pain program and the patient was referred to another doctor. A difficult to read hand-written physician note dated 10/30/08 indicated the work hardening program was helping. The physician also recommended suboccipital nerve blocks, cervical spine MRI and cervical ESIs. No other records are available until the treating doctor's office noted dated 01/21/09, which indicated a need for repeat cervical spine MRI, as well as possible NCS/EMG testing if there were significant changes from her previous cervical spine MRI.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Workers' Compensation rule 134.202 specifically addresses functional capacity evaluations. ODG guidelines also allow for functional capacity evaluations. The testing performed on 11/10/08 does meet ODG criteria. In conclusion, the FCE/physical performance test on 11/10/08 was, in fact, reasonable, usual, customary and medically necessary for the treatment of this patient's work-related injury.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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