

Notice of Independent Review Decision  
**AMENDED REPORT**  
 In reviewer's report: clarification of reviewer's qualification and  
 Statement of services in dispute (Pg. 3)

**DATE OF REVIEW:** 11/12/2009

**IRO CASE #:**

**DESCRIPTION OF THE QUALIFICATIONS OF THE REVIEWER:**

Texas-licensed doctor of chiropractic, Diplomate, Congress of Chiropractic Consultants, 24 years of active chiropractic practice, Impairment Rating and Maximum Medical Improvement Certified by The Texas Department of Insurance/Division of Workers' Compensation.

**DESCRIPTION OF SERVICES IN DISPUTE**

Work hardening 5 X week X 4 weeks for back.

**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>
724.4	97545		Prosp.						Upheld
847.2	97546		Prosp.						Upheld
847.0			Prosp.						Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment.
2. Letters of denial 10/13/2009 and 10/23/2009, including criteria used in the denial.
3. Initial report 05/30/2009, and subsequent report 10/02/2009.
4. Psychological evaluation 10/01/2009.
5. FCE 09/16/2009.
6. Physical therapy goals 09/16/2009.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The records indicate the patient was injured on the job on xx/xx/xx, while working on a platform approximately 15 feet off the ground. He was wearing a safety harness. He was bent over when he was hit by scalding water from above. He describes quickly twisting and rushing down a 15-foot ladder to safety. The accident resulted in low back pain radiating into the right lower extremity below his knee, neck, upper back and right posterior shoulder girdle pain and severe burns. He indicated the pain was worse with activity such as bending, twisting and relations with his wife.

The patient was hospitalized and treated for his injuries, primarily his burns. Initial evaluation report of 05/30/2009, reveals subjective symptoms and objective findings. The examining doctor of chiropractic recommended initiation of chiropractic care and therapy, some three times a week for three to six weeks, and over-the-counter anti-inflammatory medication. The doctor also recommended a lumbar spine MRI, and, even though it was less than two weeks after his injury, a psychological evaluation stating that PTSD could not be ruled out.

There are no records provided to indicate whether or not this above-referenced recommended therapy was performed. MRI of the lumbar spine was performed on 07/02/2009, which revealed disc involvement. The

patient has received a variety of medical treatment and treatments to include chiropractic care, physical therapy, injections and various nerve blocks, and what sounds like rotator cuff surgical repair of the right shoulder.

FCE was performed on 09/16/09, which revealed the patient was at light duty job classification, which is job requires medium job classification. His psychological evaluation performed on 10/01/2009, indicated that the doctor felt the patient needed a work hardening program to help him adjust with that is likely a chronic physical condition. The doctor goes on to say that after completing such a program, the patient should have realized that is not going to be able to perform his old job, and will have the opportunity learn about other job categories that he could pursue with vocational rehabilitation or job placement services.

This patient, with additional help in vocational rehabilitation through DARS, should be able to return to work. Subsequent report dated 10/02/2009, indicates the patient had recently completed four weeks of active therapy as recommended by the IME doctor.

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

This patient does not meet the criteria for admission to work hardening program. There is not sufficient documentation to clinically justify the use of a multidisciplinary work hardening program (5 X week X 4weeks) for this patient's injuries. He has had adequate treatment to date.

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

Medical judgment, clinical experience and expertise in accordance with 24 years of practice-established , accepted chiropractic and medical standards.

AND

ODG-Official Disability Guidelines & Treatment Guidelines.