



Notice of Independent Review Decision

DATE OF REVIEW: 11/12/09

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for 40 hours of work conditioning program between 10/9/09 and 12/8/09.

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

Texas licensed Physical Medicine and Rehabilitation Physician.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for 40 hours of work conditioning program between 10/9/09 and 12/8/09.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Notice of Utilization Review Findings dated 11/5/09.
- Fax Cover Sheet/Notes dated 11/5/09.
- Work Conditioning Program Request dated 10/28/09.
- Determination Letter dated 10/16/09.
- Reconsideration Work Conditioning Request/Letter dated 10/13/09.
- Recommendation of the Reviewing Physician Advisor Outline Summary dated 10/13/09, 10/6/09.
- Treatment Authorization Request Form dated 10/9/09, 9/30/09.
- Work Conditioning Pre-Authorization Request dated 10/6/09.
- Medical Treatment Notification Correspondence dated 10/5/09.
- Referral dated 9/28/09.
- Progress Report/ Modified Naughton Treadmill Test Worksheet dated 9/11/09.
- Daily Note dated 8/31/09, 8/20/09, 7/22/09, 7/20/09, 7/17/09, 7/15/09, 7/13/09, 7/8/09, 7/6/09, 7/2/09, 7/1/09, 6/29/09, 6/26/09, 6/22/09.
- Chart Notes dated 11/9/09, 11/2/09, 10/26/09, 10/13/09, 8/31/09, 8/20/09, 8/13/09, 5/19/09.
- S.O.A.P. Notes dated 8/20/09.
- Re-Evaluation Report dated 7/22/09, 7/13/09.
- Physical Therapy Initial Evaluation dated 5/28/09.

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Female

Date of Injury: xx/xx/xx

Mechanism of Injury: Lifting injury

Diagnosis: Lumbar strain/sprain

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

This female, weight xxx pounds, height 5 feet 10 inches, sustained an occupational lifting injury on xx/xx/xx. On that date, while performing usual occupational duties as an xxxx (light duty, physical demand level), she was lifting a bag and sustained a lower back injury. The claimant has been under the care of D.C. She had received post-injury physical therapy treatment. Additionally, on September 11, 2009, the claimant underwent a functional capacity evaluation, which demonstrated that she was capable of light-to-medium duty work with occasional lifting of 30 pounds from the floor, knee, waist, shoulder, and pushing/pulling at 50 pounds each. The claimant demonstrated valid effort for the functional capacity evaluation. Dr. released the claimant to part-time work duty since early May 2009. She was capable of working four hours per day; however, she had difficulty tolerating prolonged sitting as she must also drive an automobile which is a problematic activity secondary to lower back pain and right hip pain. In summary, the

requested work-conditioning program four hours per day for ten days cannot be approved. The claimant demonstrated adequate ability to perform usual occupational duties based upon the September 11, 2009 functional capacity evaluation, which indicated light-to-medium duty, physical demand level. The claimant was having difficulty with prolonged sitting while driving as part of her usual occupational duties as an xxxx. It was unclear how the work-conditioning program would improve her ability to tolerate prolonged sitting activities. Furthermore, the claimant is obese and this is also a contributing factor to her inability to remain in a seated position for prolonged periods of time as the sitting position involves the highest degree of lumbar spine increased intradiscal pressure. An additional reason for the non-authorization is that the claimant's usual job duties are in the light demand level and work hardening program according to the ODG is reserved for "functional limitations precluding ability to safely achieve current job demands, which are in the medium to higher demand level," and therefore, the claimant would not be eligible for the work hardening program based upon ODG guidelines.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

Official Disability Guidelines regarding Work Conditioning Programs.
Criteria for Admission to Work Hardening Program

1) Work related musculoskeletal conditions with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results

with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).

2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.

3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.

4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.

5) A defined return to work goal agreed to by the employer & employee:

(a) A documented specific job to return to with job demands that exceed abilities, OR

(b) Documented on-the-job training.

□ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

□ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).