

Notice of Independent Review Decision

DATE OF REVIEW: 10/27/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening 5xWkx2Wks 97545 97546

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

The TMF physician reviewer is the same specialty as the treating doctor and is a licensed chiropractor with an unrestricted license to practice in the state of Texas. The physician reviewer is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the Work Hardening 5xWkx2Wks 97545 97546 is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 10/12/09

- Notification of Adverse Determination – 09/21/09, 10/06/09
- Pre-authorization request – 09/16/09, 09/24/09
- Industrial Rehabilitation Care Plan – 09/14/09
- Outcomes Grid from Behavioral Pain Management – 09/07/09 to 09/11/09
- Reconsideration request from Dr. – 09/22/09, 10/07/09

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx causing left knee strain, right skin pain and cervical pain. The patient has been treated with post injury therapy and 2 weeks of work hardening. The psychological evaluation indicated the patient is appropriate for work hardening with psychological services. The records indicate prior to beginning the initial two weeks of the work hardening program, he was functioning at only light to medium physical demand level. However his job requires heavy physical demand level.

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

The records indicate the patient has progressed satisfactorily from the first 10 work hardening sessions but still is below his job classification requirements to return to work. A summary of the patient's physical and functional activities performed in the program is included in the records and does include an assessment of progress. He does meet the ODG's criteria listed below to clinically justify the medical necessity of an additional 10 work hardening sessions. After the completion of these 10 additional sessions, he should have obtained maximum medical improvement and be able to return to work full duty employment in his occupation as a .

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
- AHCP- 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)**