

SENT VIA EMAIL OR FAX ON
Apr/01/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right Knee Work Conditioning

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

Reviewer is Board Certified in Family Practice with a Certificate of Added Qualification in Sports Medicine

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

OD Guidelines

Denial Letters 3/11/10 and 2/18/10

Hospital 1/21/10 and 1/22/10

Family Medicine 1/26/10-2/23/10

MRI 9/30/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female who was injured in xxxx when she fell on the stairs at her job (details of the injury not available to the reviewer). Clinical notes provided indicate that the patient had an MRI in September of 2009. The MRI report indicated that she had a Medial Collateral ligament tear, Posterior horn of medial meniscus tear, mild to moderate medial tibialfemoral compartment narrowing and Grade 1 medial facet patellar chondromalacia. There are no notes to indicate that the patient had an evaluation by an orthopedic surgeon and that surgery was ruled out as a possibility. There are no physical therapy notes to indicate whether the patient received appropriate Physical Therapy and whether or not the progress had hit a plateau. There are a few clinical notes that indicate the patient is still having pain.

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

The decision to deny a work hardening program for this patient's knee issue is upheld. ODG guidelines indicate that there is limited support in the literature for multidisciplinary work hardening programs for knee injuries. If a patient is to be considered to have medical necessity for a work hardening program for a knee injury there is a list of 21 criteria to be met for the patient. This patient does not meet the following criteria: must have had surgery ruled out as a possible option, must have description of work and the job related functional deficits,

and most importantly must have underwent an appropriate physical therapy program where their improvement came to a plateau. This patient does not meet the criteria for a work hardening program based on the information provided to the reviewer

A work conditioning program is a not a multidisciplinary program but a more intensive physical therapy program. A person must not have any psychosocial or drug related issues related to the injury, as this program does not address these components. There is not evidence that this patient had a physical therapy program to date so that this too would not be medically indicated at this time. Also, if one were to consider this, one would have to make sure that the patient was evaluated to rule out any benefit from a surgical option and also have a psychological assessment to see whether the patient's medication use for their injury or psychological issues needed to be addressed.

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

ACOEM-AMERICA 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)