

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 3/22/2010
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening 5 x 2 weeks, Left knee:
97545 - Work hardening/conditioning; initial 2 hours
97546 - Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)

QUALIFICATIONS OF THE REVIEWER:

Orthopaedics, Surgery Trauma

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)

Work hardening 5 x 2 weeks, Left knee:
97545 - Work hardening/conditioning; initial 2 hours
97546 - Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)
Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Fax cover sheet by RN dated 3/2/2010
2. Texas Department of Insurance Facsimile Cover sheet dated 3/1/2010
3. Fax cover sheet RN dated 3/1/2010
4. Confirmation of receipt of a request for a review by an Independent Review Organization form RN dated 3/1/2010
5. Independent review organization request MD dated 2/26/2010
6. Request for reconsideration MD dated 2/26/2010
7. Request for reconsideration RN dated 2/25/2010
8. Pre authorization request dated 2/18/2010
9. Request for reconsideration RN dated 2/12/2010
10. Request for 10 Trial Sessions of a Work Hardening Program PHD, PHD dated 1/11/2010
11. Functional capacity evaluation report by author unknown dated 1/11/2010
12. Follow-up workers' compensative visit report by author unknown dated 12/1/2009
13. Texas workers' compensation work status report MD dated 12/1/2009
14. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is male who was injured when they were xxxxx and the injured employee was trapped under this load in xx/xx/xx. MRI dated 3/9/09 demonstrated a left medial meniscus tear. He was treated with injections, limited PT (6 visits), TENS unit. The injured employee had work conditioning ordered 12/1/09 for 20 visits. FCE dated 1/10/10 indicated the injured employee does not meet Medium demand, which fails to meet his minimum job requirement. The recommendation is for a comprehensive pain management program to address the deficiencies identified. There was a psychological interview from 1/11/10 and requested 10 trial sessions of a work hardening program. Current ROM of knee is 124 degrees of flexion and 0 degrees of extension.

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

During the FCE, the injured employee demonstrated the ability to lift and carry 45 lbs. occasionally. The recommendation of the FCE was a chronic pain management program to address the deficiencies found in the report after concurring with physician.

In records reviewed for this case, there was not a physical therapy report provided to demonstrate the injured employee's participation in a program with goals and how the injured employee met these goals.

There was no mention made of return to work on a limited basis or an attempt to stimulate job duties. The injured employee is a xxxx and should be able to perform those duties of driving and lifting Medium load safely. His psychological evaluation indicated minimal depression and anxiety and pain was on mild level. There is a moderate level of fear about work. According to ODG, return to work has the best chance for a better long term outcome. The injured employee can be transitioned into the duties. He is capable of very high level Medium duties as he tested at the upper end and should be safe to return.

According to the ODG criteria for work hardening, current documentation does not meet criteria 2 E: Determination of safety issues and accommodations at work. This has not been provided.

In addition, according to criteria #3, there is not a significant mismatch between the Medium and Heavy duties necessary as the injured employee tested at top of Medium category. There was not documentation of adequate response to previous PT (Criteria #5).

The recommendation is to uphold the previous denial.

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
- 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)

Work. 2001;16(2):91-100. Improving work programs' delivery of information and service to workers' compensation carriers. Pohlman J, Poosawtsee C, Gerndt K, Lindstrom-Hazel D.

Work. 2001;16(3):235-243. Work hardening: Outdated fad or effective intervention?

Johnson LS, Archer-Heese G, Caron-Powles DL, Dowson TM.