

# US Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/13/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Cont Work Conditioning Program x 10 Sessions

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

M.D., Board Certified, Physical Medicine & Rehabilitation

**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**

ODG-TWC Treatment Guidelines

Utilization Review Letters, 3/10/10, 3/17/10

D.C. 3/26/10, 3/5/10, 2/2/10, 1/28/10

Kinetics 2/26/10, 1/7/10, 12/28/09

Injury Center 2/24/10, 12/15/09, 11/30/09, 12/22/09, 12/28/09, 12/30/09, 1/4/10, 1/6/10, 1/7/10, 1/11/10, 1/13/10, 1/18/10, 1/28/10, 2/15/10, 2/16/10, 2/17/10, 2/19/10, 2/22/10, 2/24/10, 2/25/10, 2/26/10, 3/1/10, 3/3/10

M.D., PhD. 1/18/10, 12/21/09, 11/30/09

Therapeutic Products 12/22/09

MRI and Diagnostic Center 2/9/09, 8/31/09, 10/21/09

**PATIENT CLINICAL HISTORY SUMMARY**

The patient has completed 10 sessions of a work conditioning program. The denial letter notes that there has been no improvement after the first 10 sessions and that there is no specific job to return to. The March 10, 2010 note from D.C. states that there was no modified duty position for the injured employee to return to. This note did not identify any specific gain made by the injured employee during the prior physical therapy or work conditioning protocols. The FCE evaluation attached noted grip positioning in a flat line graph, not the required bell shaped curve that would demonstrate maximal effort. D.C. felt that this was a bell shaped curve in his February 2, 2010 note. The chiropractic treatment included TENS unit.

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

As per the specific criteria listed in the ODG, updated March 10, 2010, this case fails to meet standards 1, 3, 4 (incomplete FCE), 9, 14 and 21:

***(1) Prescription: The program has been recommended by a physician or nurse case manager, and a prescription has been provided.***

***(3) Job demands: A work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral and/or vocational deficits that preclude ability to safely achieve current job demands. These job demands are generally reported in the medium or higher demand level (i.e., not clerical/sedentary work). There should generally be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks (as limited by the work injury and associated deficits)***

***(4) Functional capacity evaluations (FCEs): A valid FCE should be performed, administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to treatment in these programs***

***(9) RTW plan: A specific defined return-to-work goal or job plan has been established, communicated and documented. The ideal situation is that there is a plan agreed to by the employer and employee. The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities.***

***(14) Trial: Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress***

***(21) Repetition: Upon completion of a rehabilitation program (e.g., work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury***

Based on the medical records provided and that the ODG criteria has not been met, the reviewer finds that medical necessity does not exist at this time for Cont Work Conditioning Program x 10 Sessions.

**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)