

SENT VIA EMAIL OR FAX ON  
Jul/26/2010

## Applied Assessments LLC

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jul/20/2010

**IRO CASE #:**

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

Work Hardening additional 10 days sessions (4 hours per day for 10 days)

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

AADEP Certified and Whole Person Certified

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

Chiropractor

**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 4/19/10 and 5/24/10

Clinic 2/26/10 thru 3/26/10

FCE2/26/10

Advantage 4/2/10

Work Hardening Treatment Plan 3/16/10 thru 4/5/10

Med Group 1/12/10 thru 4/6/10

Rehab 4/12/10 thru 5/8/10

BHI2 4/2/10

MRI 1/28/10

Ultrasound 12/21/09

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee was involved in an occupational injury he was involved in a MVA and injured his neck, low back, and right leg. The injured employee has undergone some physical therapy, medication, FCE, PPE, MRI right femur, US right leg, psychological evaluation, and orthopedic consult. The patient has completed a 10-session trial of work hardening and 10 additional sessions are now being requested. The injured employee currently works part time and is on duty restrictions. The injured employee has benefited from the 10 sessions with improvements in all categories.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS**

**AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The injured employee does meet the required guidelines for 10 additional sessions of work hardening. The injured employee has benefited from the trial and showed subjective and objective improvements as required. The injured employee is currently on work restrictions. In view of the improvement in the 10-session trial of work hardening, 10 additional sessions would be considered reasonable and necessary.

**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)