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Second Addendum Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 16, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of Work Hardening Program.

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

Doctor of Chiropractic

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overtaken (Disagree)

Partially Overtaken (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- attorney, 02/04/10
- Employers First Report of Injury or Illness
- Medical Clinic, 09/30/09
- D.O., 10/01/09, 10/09/09
- Medical Center, 10/08/09
- M.D., 11/24/09, 01/14/10
- Physicians, 11/19/09, 01/07/10
- RN, 11/19/09
- Rehabilitation Center, 12/08/09
- DWC-69, Report of Medical Evaluation, 12/14/09
- Evaluation Centers, 12/14/09
- 01/12/10

Medical records from the Requestor/Provider include:

- Clinic, 10/29/09, 10/30/09, 11/09/09, 11/16/09

PATIENT CLINICAL HISTORY:

I have had the opportunity to review medical records of Ms. who was involved in a work-related injury where she reports injuring her right big toe when a metal piece of a machine fell onto her right foot while she attempted to replace it after unscrewing the back piece to get to a printer that was integrated in the machine. I was asked to evaluate the records provided and to render my opinion as it relates to a denial of additional work hardening for the work-related injury that occurred on the above captioned patient on xx/xx/xx. Based on the documentation, the patient was. The description of the injury as described above resulted in a comminuted, non-displaced intra-articular fracture through the proximal phalanx of the great toe. The bones are in anatomic position and there is no radiographic evidence of complication. In addition, there is a small first metatarsal phalangeal joint effusion. As demonstrated by the MRI study performed on October 9, 2009.

The patient underwent a course of physical therapy and attended ten sessions of work hardening.

The patient took a course of Tramadol and Ibuprofen and was prescribed an additional course of anti-inflammatories as reported in her follow-up visit with M.D., on January 14, 2010.

The patient underwent a designated doctor evaluation on December 14, 2009, where she was found at clinical maximum medical improvement as of December 14, 2009, with a 0% whole person impairment.

The patient was taken off work as of xx/xx/xx. There is no indication in the record that she has returned to work.

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

The patient underwent a course of physical therapy, prescription medication, and work hardening. It appears from the record that she continues to complain of right foot pain and is seeking medical attention. The patient is not currently working based on the records reviewed.

I am asked should the denial of ten sessions of a work hardening program be upheld or overturned. The denial of ten sessions of a work hardening program should be upheld.

In my opinion, the patient's job description has a physical demand level of light based on <http://www.occupationalinfo.org> work categories 976.685 -010 through 976.685-030. The initial functional capacity evaluation on October 29, 2009, describes her work category physical demand level as heavy. There is no indication of how this is determined. The tested physical demand level of the first functional capacity evaluation determines her PDL to be medium. Based on the PDL vs PDA level alone, a work hardening program would not be medically necessary. The ODG Guidelines for the Ankle & Foot Work Conditioning/Hardening Criteria for admission #3 has not been met. "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)."

The opinions rendered in the case are the opinions of the evaluator. This evaluation has been conducted on the basis of the documentation as provided, with the assumption that the material is true and correct.

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)