

MEDR X

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Notice of Independent Review Decision

DATE OF REVIEW: 2/1/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 10 sessions (40 hours) of work conditioning.

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

This reviewer is a medical doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has greater than 10 years experience.

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)

The reviewer disagrees with the previous adverse determination regarding the medical necessity of 10 sessions (40 hours) of work conditioning.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

Health and MD

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from Health: MD Office Notes – 9/3/09-12/3/09, Pre-authorization request – 10/21/09; Therapy Specialists Pre-authorization request – 10/22/09; PT FCE report – 10/14/09; Job Description – undated; Medical Pre-authorization request – 9/9/09; Pre-authorization request – undated, PT referral – 7/16/09; Health PT daily notes – 7/17/09; Professional Emergency Service Assoc. Pre-authorization request – 5/18/09, Office notes – 5/18/09-5/20/09; TWCC73 – 5/22/09.

Records reviewed from, MD: Rehabilitative Medicine Assoc. NCS report – 10/1/09; Office Notes – 9/3/09-1/7/10.

A copy of the ODG was not provided by the Carrier or URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured while moving a bag at work. She had lumbago and right leg pain. A lumbar MRI revealed L5/S1 DDD and facet arthrosis. The EMG was within normal limits. Both ESI's and physical therapy were offered. Light duty was recommended but not accommodated by the employer.

The FCE of 10/14/09 places the patient at light/medium PDL. She is required to participate at very heavy PDL premorbidly. The treating doctor has recommended work conditioning.

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

The ODG notes "The best way to get an injured worker back to work is with a modified duty RTW program rather than a work hardening/conditioning program, but when an employer cannot provide this, a work hardening program specific to the work goal may be helpful." The employer isn't able to provide this modified duty. Therefore, the work conditioning program is able to be considered based upon the patient's presentation.

The ODG also notes "WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work. The reviewer indicates that there is nothing in the medical documentation that indicates why this patient would not be a candidate for a work conditioning program. Therefore, the program is medically reasonable and necessary.

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)