

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 12/23/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning (WC) daily x 4 weeks (97545, 97546)

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Missouri-Kansas City and completed training in Physical Med & Rehab at Baylor University Medical Center. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Physical Med & Rehab since 7/1/2006 and Pain Management since 9/9/2006. This reviewer currently resides in TX.

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 Conditioning (WC) daily x 4 weeks (97545, 97546) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice of air analyses by, dated 12/4/2009
2. Notice of utilization review by, dated 12/4/2009
3. IRO request form by author unknown dated 12/3/2009
4. Request form by author unknown dated 12/2/2009
5. Letter by, dated 10/22/2009
6. Pre-authorization determination by dated 10/8/2009 & 11/3/2009
7. Letter by PT, dated 10/2/2009
8. Fax page dated 10/2/2009 & 12/4/2009
9. Evaluation summary by PT, dated 10/1/2009
10. Physical demand level by author unknown dated 10/1/2009
11. Physical therapy re-evaluation by author unknown dated 9/14/2009
12. Treatment encounter note by author unknown dated 9/11/2009 & 9/14/2009
13. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male, injured on x/xx/xx, who presents with lumbago, lumbosacral IVD degeneration and lumbosacral sprain and strain. FCE summary notes the injured employee is able to perform at the heavy physical demand level with pain up to the 7/10 level noted with pushing, pulling and lifting tasks. Evaluation was valid.

A request for work conditioning 3 times for 12 weeks is submitted and under IRO appeal.

Denial letter on 11/3/2009 states FCE indicates the injured employee is capable of meeting job demands. Denial letter on 10/8/09 states there is a documented diagnosis of lumbago, and an FCE was done on 10/1/2009 which revealed the injured employee was capable of heavy duty work activities.

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

The injured employee is currently at a heavy duty physical demand level (PDL) per the functional capacity evaluation (FCE) done on 10/1/09, with no significant task specific physical deficits, which meets his job duty requirements for the airline. In this particular instance, work conditioning would not be indicated per ODG recommendations. According to ODG, work conditioning is not supported, as the injured employee would be more appropriate for return to work with on the job conditioning where the evidence is stronger for success of "real" work over "simulated" work. The recommendation is to uphold the prior denials for work conditioning.

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)