

# Prime 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jan/09/2010

**IRO CASE #:**

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

40 hours (10 sessions) of work conditioning for the lumbar/cervical spine

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

M.D., board certified in Orthopedic Surgery

**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 Guidelines and Treatment Guidelines, 2010 Low Back, Work Conditioning/Physical Therapy Guidelines

Adverse Determination Letters, 11/18/09, 12/14/09

Orthopaedic Surgery Group, 4/16/08 – 12/1/08, 1/19/09 – 12/1/09

M.D., 7/25/08

**PATIENT CLINICAL HISTORY SUMMARY**

This is an injured worker with cervical and lumbar injuries resulting from a motor vehicle accident on xx/xx/xx. He has had previous physical therapy. Diagnosis is a sprain of the lumbar/cervical spine with cervical disc disease. A Functional Capacity Evaluation has been performed. Current request is for a work conditioning program.

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

The medical records provided including the Functional Capacity Evaluation that was performed state that this claimant's job duties require anterior lift from floor to knuckle of approximately ten to fifteen pounds, overhead lifting twenty pounds, and carrying a box of 25 pounds. He may have to push 30-40 pounds. His functional capacity as a result of his testing reveals he was able to lift a maximum of 65 pounds. He was also able to repetitively lift 40 pounds. Lifting twelve inches to the knuckle, he was able to lift a maximum of 60 pounds and 40 pounds repetitively. Above the shoulders he was able to lift 55 pounds and repetitively up to 40 pounds. For carrying he was able to carry 50 pounds. Sitting tolerance was 60 minutes, plus standing tolerance was 100+ minutes. He was able to climb stairs, walk 20 minutes on a treadmill, kneel, and squat. He was also able to push initiating force of 60 pounds and push 150 pounds on a sled with a maximum pull initiating force of 50 pounds

and pull 150 pounds with a sled. Based upon these results, he is clearly functioning at a higher level than required to fulfill the above-mentioned job description. Hence, he does not meet the screening criteria necessary for participation in a work conditioning or work hardening program. It is for this reason the previous adverse determination cannot be overturned. The reviewer finds that medical necessity does not exist for 40 hours (10 sessions) of work conditioning for the lumbar/cervical spine.

**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)