

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 06/21/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work conditioning program, additional ten (10) sessions.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Diplomate, Congress of Chiropractic Consultants, 25 years of active clinical chiropractic practice. Impairment Rating and Maximum Medical Improvement Certified through the Texas Department of Insurance/Division of Workers' Compensation.

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- XX Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
	97545		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of the reviewer.
2. TDI case assignment.
3. Letter of denial 03/17/10 & 04/13/10, including the criteria used in the denial.
4. Pre-certification request 03/09/10 and request for appeal 04/01/10.
5. Statement of medical necessity and medical history 02/24/10..
6. MRI right knee 10/08/09.
7. Work conditioning treatment plan, weeks 1 – 3.
8. Medical evaluation 09/17/09.
9. Electrodiagnostic results 10/09/09.

SUMMARY OF INJURED EMPLOYEE'S CLINICAL HISTORY:

The patient was setting up for an event on xx/xx/xx when he was stepping into the back of a pickup truck and suddenly heard a "pop" and felt immediate sharp pain in his right knee.

The records indicate that he received physical therapy, an injection, as well as completed ten (10) sessions of a work conditioning program of eight (8) hours per day. The most recent FCE revealed the patient has responded well to treatment he has received. He has been able to obtain the level of recovery that coincides with the weight requirements of his occupation. The treating doctor requested preauthorization for an additional ten (10) sessions of work conditioning. This was denied. Reconsideration request was made and also denied.

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

The patient has received sufficient care as it relates to his work-related injury at this time. The ODG Guidelines for a work conditioning program clearly limit the total number of visits to ten (10) over a four (4) week period, up to thirty (30) hours. This patient has received eighty (80) hours of work conditioning, which far exceeds the current ODG Guidelines.

In review of the records, I find the patient does not need the constant supervision provided in a work conditioning program. In summary, there is no supportive documentation or clinical justification for an additional ten (10) visits of work conditioning for this patient's work-related injury.

SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THIS 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)