



Specialty Independent Review Organization  
**Notice of Independent Review Decision**

**DATE OF REVIEW:** 6/27/10

**IRO CASE #:**

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

The item in dispute is the medical necessity of a work conditioning 3 hours and myofascial release Ther TQS 1+ regions each 15 minutes (97545 and 97140) to total of 10 visits

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

The reviewer is a Doctor of Chiropractic who has a subspecialty in Rehabilitation. The reviewer has been practicing for greater than 15 years.

**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 agrees with the previous adverse determination regarding the medical necessity of a work conditioning 3 hours and myofascial release Ther TQS 1+ regions each 15 minutes (97545 and 97140) to total of 10 visits.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

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**PATIENT CLINICAL HISTORY [SUMMARY]:**

On xx/xx/xx, this worker was injured while employed. He was lifting baggage when he felt pain in his left thoracic and superior lumbar spine. He measures 5'10" and weighs approximately 300 pounds according to the records. He was treated conservatively by Dr. with various referrals to other providers who performed conservative treatments as well.

MRI exams of the injured areas were essentially unremarkable. The xxxx note by Dr. indicates the patient is back at work with restricted lifting to 15 pounds and that he has just completed a work conditioning program as of 4/1/10 (x 12 sessions). His job requirements are listed as heavy as they require 63 to 100

pounds of force to lift a back. At dispute is the medical necessity of a work conditioning program times 10 sessions.

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

ODG Work Conditioning (WC) Physical Therapy Guidelines

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.

*Timelines:* 10 visits over 4 weeks, equivalent to up to 30 hours.

This program is not medically necessary at this time as the patient has not improved beyond the light PDL category after 12 sessions. Therefore, it is extremely improbable that he will regain a medium or heavy PDL within the next 10 sessions based upon the records provided.

**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)