



Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 03/15/10

IRO CASE #:

DESCRIPTION OF SERVICE OR SERVICES IN DISPUTE:

Ten (10) sessions of a work hardening program.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., Diplomate, Congress of Chiropractic Consultants, 24 years of active clinical chiropractic practice, Texas Department of Insurance Division of Workers' Compensation Designated Doctor, 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:"

- 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>
842.02	97546		Prospective		02/03/10 – 02/16/10				Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 02/03 and 02/16/2010, including the criteria used in the denial (ODG).
3. Comprehensive care plan and FCE 01/22/2010.
4. Progress note and status report 12/02/2009.
5. Request for work hardening program 11/24/2009.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

Records indicate the patient was injured on xx/xx/xx while working as a xxxxx. One set of records indicated he jumped off a roof, and another set of records indicated he slipped on an aluminum roof and fell about 12 feet on his side, injuring his right wrist/hand.

Records indicate the patient has undergone an intensive treatment program to include medication and forty (40) therapy visits over the last year since his work-related injury. MRI of the right wrist done in July 2009 revealed positive findings. Psychological evaluation on 11/24/09 revealed areas of concern. The patient was released to restricted duty on 12/28/09 with restrictions of no lifting over ten (10) pounds and no working over four (4) hours a day.

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FCE on 01/08/10 revealed continuation of restrictions. This information led the treating doctor to request ten (10) sessions of a work hardening program. This request was denied. Reconsideration was also denied. The report from the doctor who performed the reconsideration request indicated he had spoken with the treating doctor's office who advised him that the plan was to take the employee off of work so that the employee could attend the eight-hour-per-day work hardening program. It is also noted that even though the psychological evaluation indicated some issues, the records do not indicate that lower levels of psycho behavioral intervention and/or medication for depression or anxiety has been prescribed.

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

The ODG Guidelines for work hardening program have specific criteria for admission. This patient doesn't meet the criteria. Evidence-based guidelines support early return to work, even in modified and/or alternative duty and it would be unreasonable to take an employee who has already returned to work, off of work to enter a return-to-work program. Since the patient is currently working four (4) hours per day, it may be of benefit for him to receive individual psychological counseling to address any issues that arose during the psychological evaluation as well as to add four (4) hours per day of a work conditioning program to progress him to full duty. In conclusion, it is not usual, customary, reasonable or medically necessary for this patient to undergo ten (10) sessions of a multiple disciplinary work hardening program.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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).

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