

SENT VIA EMAIL OR FAX ON
Mar/12/2010

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening 8 hour X 10 days

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

AADEP Certified
Whole Person Certified
TWCC ADL Doctor
Certified Electrodiagnostic Practitioner
Member of the American of Clinical Neurophysiology
Clinical practice 10+ years in Chiropractic WC WH Therapy

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

OD Guidelines
Denial Letters 12/23/09 and 2/2/10
11/17/09 thru 2/10/10
12/3/09 and 2/10/10
Rehab 12/17/09 thru 1/10/10
Dr. 8/25/09
Dr. 7/31/09
MRI 9/24/09
DDE 9/15/09

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury and injured his wrist on xx/xx/xx. The injured employee underwent physical therapy, medication management, FCE, MRI, steroid injection, and EMG/NCV. The patient was seen by DDE and assessed at MMI on 9-15-2009 and diagnosed with synovitis and tendonitis. It appears that the patient was terminated from her job. The patient is currently on IBP 400-800mg.

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

The injured worker does not meet the criteria for 10 sessions of work hardening program. The injured employee does not meet the criteria for #3, which indicates that no other procedure is warranted to improve function. According to Dr. report dated 1-05-2010, the patient will undergo a steroid injection in March 2010 with Dr.. Additionally the injured employee does not meet the criteria for # 5, which indicates that the patient have a goal agreed to by the employee and employer. The patient currently does not have a job to return to and a work hardening program is designed to "use real or simulated work tasks or work simulations". Additionally the injured employee does not meet the criteria for #6, which indicates that the employee must benefit from the program both from a functional and psychological standpoint. The injured employee was assessed at MMI and assigned an Impairment Rating by a Designed Doctor, which indicated that the employee will not improve or worsen. The AMA 5th Ed, states that MMI refers to "a date from which further recovery or deterioration is no anticipated, although over time there may be some expected changes."

The patient has not had any psychological issues reported until the 12-03-2009 report and the patient is not currently on any psychological medication. FCE demonstrated that the injured employee could lift 15 pounds, excellent cardio-vascular results, and "expressed....hopeful attitude". Dr. reports dated 1-05-2010 and 2-09-2010 do not indicated any psychological involvement or the patient was prescribed or is on psychotropic medication. DDE did not indicate any depression or anxiety on 9-15-2009. Dr. did not indicate any depression or anxiety on 8-05-2009.

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)