

SENT VIA EMAIL OR FAX ON
Mar/04/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/03/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening Program / Additional 10 sessions

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC 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

OD Guidelines
Denial Letters 1/8/10 and 1/28/10
Pain & Recovery 12/15/09 thru 2/26/2010
Work Capacity Eval 12/15/09 and 1/4/10
Records from 10/2008 thru 2/2010

PATIENT CLINICAL HISTORY SUMMARY

This is a xx injured on xx/xx/xx. He reportedly sustained fractures of his fingers, an ACL injury with a repair on 4/29/09 and low back pain attributed to an HNP at L4/5. He did not improve with facet injections on 10/23/09. He had an FCE on 12/1/09 prior to work hardening where he tested at a medium level. His job requires him to be at a heavy PDL. The FCE was repeated on 12/15, which showed he was still at the medium level. He had a third one on 1/4/10 that showed him to be at a medium heavy PDL. He had 20 sessions of work hardening and an additional 10 sessions were requested. Dr. wrote that he had become deconditioned in the 1/18 and 2/26 letters, but he kept him of work on 2/1/10 pending work conditioning/hardening.

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

The reviewer presumes he had additional therapies after the surgery and injury. If he needed the additional treatment, the reviewer cannot understand why he was held off work by Dr. and not offered light duty. The ODG recognizes the importance of work. There are notes describing work hardening and other times work conditioning. Although different, they were used interchangeably in some of the reports. The 20 sessions met the maximum work hardening permitted, and exceeded the 10-work conditioning sessions permitted in each section. No justification or explanation of why the additional time was needed other than he was not at the Heavy PDL.

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)