



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 03/01/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

20 Sessions of Work Conditioning

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

Board Certified in Chiropractics

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

20 Sessions of Work Conditioning – Agree

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MRI of the Left Elbow, M.D., 08/26/08
- Physical Therapy Prescription, M.D., 02/10/09
- Operative Report, Dr. 09/14/09
- Subsequent Medical Report, Dr., 09/29/09, 01/11/10, 02/08/10
- Functional Capacity Evaluation (FCE), D.C., 10/29/09
- FCE, D.C., 12/17/09
- Denial Letter, Company, 12/31/09, 01/28/10
- Prescription for Work Conditioning, Dr., 01/20/10
- Appeal Letter, Chiropractic, 01/20/10
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient has undergone a left elbow extensor carpi radialis brevis release and partial lateral epicondylectomy, as well as a left anconeus muscle transfer and radial collateral ligament repair. He was maintained on Vicodin and Motrin. He has undergone 24 sessions of physical medicine and rehabilitation of the left elbow, as well as two FCE's. He was then referred for 20 sessions of work conditioning.

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

In my opinion, 20 sessions of work conditioning would not be medically reasonable or necessary, based upon the ODG Guidelines only allowing for 10 visits over four weeks, the equivalent of up to 30 hours of treatment.

Per ODG: *“The work conditioning program is an additional series of intensive physical therapy visits required beyond the normal course of physical therapy. They are more intensive than physical therapy and they last two to three times as long. They do not preclude the patient’s ability to be at work. Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours.”*

Therefore, the twenty sessions of a work conditioning program as requested by the provider would not be medically appropriate for this post surgical patient.

The rationale for my decision is based upon the ODG Guidelines, specifically for progression into a work conditioning program following completion of active rehabilitation and basic physical therapy program.

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)**