

SENT VIA EMAIL OR FAX ON
May/03/2010

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/22/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening 5 X wk X 2 wks

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

Chiropractor

AADEP Certified

Whole Person Certified

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 1/11/10 and 2/22/10

HC 12/30/09

Rehab 1/6/10 thru 2/3/10

8/22/08 and 8/25/08

Med Group 11/14/08

3/30/09

Ortho 10/10/08

12/30/09

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury and injured his right ankle. The injured employee underwent an MRI of the ankle, FCE, psychological evaluation, ankle pain management injection, pharmaceutical management, and several sessions of physical therapy. The injured employee has not returned to work due to physical disabilities, depression, and anxiety. The injured employee had undergone a DDE who assessed him at MMI and assigned an IR on 3-30-2009. The injured employee has had only 2 physical therapy sessions since all requests for physical therapy have been denied. He is not a surgical candidate. The injured employee has had pain injection to the ankle. The injured employee has had a full physical performance evaluation, and psychological evaluation. The injured employee continues to experience physical defects and limitations to return to work. Ten (10) sessions of work hardening are now being requested.

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

The injured worker does meet the criteria for 10 sessions of work hardening program. The injured employee has is not a surgical candidate and has undergone pain management injection to the ankle. The injured employee does have a job descriptions sign on 1-04-10 and treatment goals are described in documentation provided for review.

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)