

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 04/18/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Denial of work conditioning program, initial two hours, work conditioning, each additional hour for ten treatment days

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., licensed in the State of Texas, board certified in AMBS Specialty of Physical Medicine and Rehabilitation for greater than 30 years of specialty training and practice in the State of Texas

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>
722.10	97545		Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

- Certification of independence of the reviewer and TDI case assignment
- TDI case assignment
- Letters of denial, 02/23/10 and 03/22/10 including criteria used in denial
- PMNR, psychological exam and request for work conditioning program, 03/04/10
- FCE, 02/10/10
- PMNR evaluation and progress notes, 10/20/09-12/03/09
- Office visits and followup, 08/22/08-03/24/10
- MRI scan, 08/01/08, and echocardiography report, 03/16/10
- Neurosurgery followup, 07/23/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The medical information provided for this review indicates that she was employed. She had been employed for four years. as she went to stand up, she did not realize her left foot was in the cords going to the computer, resulting in her tumbling over and falling to the floor. Impact was to the head, shoulder, right arm, right hip, right knee, and right ankle against the floor. She was noted to have exacerbated an old rotator cuff injury at the shoulder level. She continued with persistence of problems in the lower back,

which were not responsive to nonsurgical treatment. She subsequently underwent surgery on 09/29/09 consisting of a lumbar laminectomy with one-level fusion. This was followed by four weeks of postoperative rehabilitation.

She appears to have reached the ODG Guidelines for postsurgical rehabilitation and was then evaluated with a Functional Capacity Evaluation that indicated her ability to function at a level that did not meet her job requirements working as a clerical person, which required PDL of sedentary to light. On Functional Capacity Evaluation, she was noted to be at a sedentary level on 02/10/10. During the Functional Capacity Evaluation, it was noted that she had significant levels of pain that were continuing at an 8/10 level. She also was noted during the course of the Functional Capacity Evaluation to have inability to perform certain portions of the test due to significant pain levels at 8/10 for pushing, pulling, the PILE Test of Dynamic Functioning for lifts one, two, and three. The patient was also noted on the Functional Capacity Evaluation to be able to determine a test value for sitting tolerance, standing tolerance, and walking tolerance also due to pain limitations. Her testing of walking and carrying were noted to be restricted, and she was unable to perform climbing. She additionally was noted on testing to be unable to perform stooping, kneeling, crouching, and crawling due to pain levels. The patient was unable to perform the three-minute step test during the FCE due to pain reported at 8/10.

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

In noting the ODG criteria for lumbar spine work conditioning, the ODG states, “Work conditioning amounts to an additional series of intensive physical therapy visits required beyond the normal course of physical therapy, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug, or attitudinal barriers to recovery not addressed by these programs). The work conditioning visits will typically be more intensive than regular physical therapy visits, lasting two or three times as long. As with all physical therapy programs, work conditioning participation does not preclude concurrently being at work.”

Additionally, “Upon completion of a rehabilitation program (such as work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.”

As this patient, according to the postsurgical rehabilitation physical therapy received, was unable to fully tolerate the regular physical therapy rehabilitation and required significant intervention from passive modalities to be able to complete the amount of physical component of her postsurgical rehabilitation, it is apparent that this individual, based on continuing postsurgical pain, would be unable to benefit from or profit from a more intensive program of exercise and work conditioning that is required under work conditioning treatment programs. As this patient has demonstrated an inability to perform at a lower exercise level, she would not be able to tolerate or perform at a more intensive level.

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.

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- 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).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)