



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Eighty hours of work hardening

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Family Practice physician in private practice, board certified by the American Board of Family Medicine since 1984

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Medical necessity does not exist for the 80 hours of work hardening that has been requested.

**INFORMATION PROVIDED FOR REVIEW:**

1. Evaluations by Dr.
2. Preauthorization requests
3. Previous adverse determinations
4. FCEs, 1/20/10; 3/30/10
5. Work Hardening Assessment Psych. xxxxx, Ed., L.P.C., 3/29/10

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This patient was injured on xx/xx/xx. He was walking to the office when he was hit by another truck that was in reverse. He states he injured his neck, lower back, right hand, middle finger, and both legs and was taken to the hospital in Humble where x-rays were taken. MRI scans were done, showing an annular tear and disc bulges, and he had persistent pain with evaluation at the xxxxxxx. He has

had an MRI scan of the left knee on 01/24/08, which showed postoperative changes of anterior cruciate ligament reconstruction in the past. He had EMG/nerve conduction studies, various medications, physical therapy, a brief course of psychotherapy, and chronic pain management program as well as injections and repeated medication use. He continues to have pain and is functioning at a slightly less than adequate level to do his job, according to the records.

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

The patient appears to have had maximum improvement from multiple modalities. He has undergone a work hardening assessment and psychosocial history on 03/29/10, and his pain level at that time was on 3/10, which is minimal and mild. There is limited literature to support multidisciplinary treatment and work hardening for neck, hip, knee, shoulder, and forearm pain and injuries. The patient has had 36 sessions of physical therapy post hardware removal but no objective documentation that the patient has plateaued from the improvement. There also is no documentation of a specific job to return to as well as work goals that were agreed on between the employer and the patient. It is also apparent that there is no documentation or apparent successful or unsuccessful attempts for the patient to return to work. The main purpose of work hardening programs is to return the patient back to some form of vocation. The success of this is drastically reduced after one year. This patient's injuries are greater than one year and may be as great as two years, in fact. Again, the patient has already been in a chronic pain program, and it is, therefore, not recommended that re-enroll in a similar program.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- 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 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.)