Prime 400 LLC

An Independent Review Organization
240 Commercial Street, Suite D
Nevada City, CA 95959
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work Hardening five times a week for two weeks to the right knee 97545 97546

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Denial Letters, 9/24/10, 10/15/10
Orthopaedic Surgery Group 2/8/10-9/29/10
FCE 9/15/10, 8/9/10
Imaging 2/23/10

PATIENT CLINICAL HISTORY SUMMARY
This claimant has a date of birth of xx/xx/xx. He has a tenth grade education. He was working as a xxxx when he fell off a roof injuring his right knee on xx/xx/xx. He did have surgery to the knee in April 2010. He did have post operative physical therapy. He was not able to work as he was at the light level capability per FCE. He did begin a work hardening program and has increased from a light level to medium level ability. His job requires heavy to very heavy work. He has attended all of his 10 work hardening sessions and he has shown enthusiasm in his treatment.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The patient has met the ODG criteria for Work hardening and has completed 10 days of the program. A reassessment has been made and providers have determined that completion of the program is appropriate and that treatment of greater intensity is not required. The providers have documented the patient's benefit from the program including functional, vocational and psychological improvements. There is evidence of compliance during the trial.

There have also been functional gains as the patient has improved from light to medium work. The ODG does recommend working as part of conditioning and preventing disability and the entirety of the WH treatment should not exceed 20 days. Because this patient has improved in 10 days, an additional 10 days should be provided. The request is in keeping with the recommendations in ODG. The reviewer finds that medical necessity exists for Work Hardening five times a week for two weeks to the right knee 97545 97546.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)