



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

Notice of Independent Review Decision-WC

**DATE OF REVIEW: 11-16-10**

**IRO CASE #:**

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

Work Hardening x 80 hours (8 hours per day x 10 days), CPT 97545, 97546

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

Chiropractor

**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.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- MD., office visits on 9-9-09, 12-1-09, 1-5-10, 2-16-10, 3-31-10, 4-28-10, and 6-9-10.
- 9-15-09 MD., office visit.
- 10-9-09 MRI of the right shoulder.
- 11-16-09 Surgery performed by MD.
- Physical therapy notes on 12-9-09, 1-21-10, 2-16-10, and 4-21-10.
- 7-27-10 Physical Performance Test.
- 8-24-10 LPCS., office visit.
- 8-24-10 Physical Performance Evaluation.
- PAC., office visits on 9-1-10 and 9-8-10.
- 9-23-10 DC., Utilization Review.
- 9-29-10 DC., Request for Appeal.
- 10-6-10 DC., Utilization Review.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

9-9-09 MD., the claimant is a right-hand dominant gentleman who works for xx and was injured on xx/xx/xx. He was helping another employee to remove some large pieces of glass from a truck and had the arm in front of the body that was moved forcibly to the right with the weight of the glass. It was about 50 pounds of double-pane glass. He felt pain down his arm into the right shoulder. It was a very sharp pain. He had quite a bit of trouble the night of the injury, sleeping, and now the pain is more of a deep and achy. He gets a sharp pain when he moves, pushes or pulls. He is currently taking a muscle relaxer and Tylenol p.r.n. On exam, he has a weakness of the supraspinatus, moderate crepitus. He compensates surprisingly well with his deltoid. He has tenderness over the supraspinatus insertion site. Painful arc ranged between 90 and 130 degrees of range. Tenderness over the lateral acromion and anterior supraspinatus insertion site, Positive impingement signs. MRI films and report from Diagnostic Imaging done on 10/09/2009, show a 1.5- to 2-cm full-thickness supraspinatus tear. He does have some anterior

glenoid labral tear and anterosuperior labral tear. Subscapularis shows some intra substance tearing and type 3 acromion. Impression: Right shoulder complete rotator cuff tear with impingement, possible type 2 superior labrum anterior and posterior tear versus a partial superior labrum anterior and posterior tear requiring a repair versus debridement. Recommend arthroscopic acromioplasty, rotator cuff repair, and superior labrum anterior and posterior debridement and/or repair. Usual risks and benefits and he desires to proceed.

9-15-09 MD., the claimant complains of shoulder that was injured on xx/xx/xx. The claimant reported that while carrying and moving 50 lbs double pane glass, later on in the day, he felt pain in his right shoulder down his arm. On exam, the claimant has decreased range of motion, positive impingement on the right. Normal sensory function. Palpation shows severe tenderness posteriorly. X-rays of the right shoulder was negative. Assessment: Rotator cuff strain, shoulder pain, shoulder strain. Plan; Flexeril 10 mg, Tylenol 500 mg, physical therapy 3 x week.

10-9-09 MRI of the right shoulder shows acromion anomaly and spurring associated with impingement. Intra substance and full thickness tears of the rotator cuff. Tears of the anterior/superior glenoid labrum for partial tear of the subscapularis and long head of the biceps tendon.

11-16-09 Surgery performed by MD: Right shoulder rotator cuff repair, arthroscopy assisted. Right shoulder arthroscopic acromioplasty. Right shoulder arthroscopic assisted superior labrum anterior posterior repair, separate compartment through separate opening.

Physical therapy notes on 12-9-09, 1-21-10, 2-16-10, and 4-21-10.

1-5-10 MD., the claimant is still having quite a bit of pain. The evaluator was worried that he was developing an adhesive capsulitis. The evaluator recommended Medrol Dosepak. The evaluator also recommended physical therapy to work aggressively on his range of motion.

3-31-10 MD., the claimant is 4 months postop. He had a fairly severe injury. He developed significant stiffness after surgery. He has been working hard with physical therapy. His strength has improved. His adhesive capsulitis is resolving. The Skelaxin helped, but he needs anti-inflammatory now. Voltaren was provided. The evaluator recommended physical therapy for another four weeks.

4-28-10 MD., the claimant is having quite a bit of pain, particularly in the subacromial area. He is still having some stiffness. On exam, the claimant has 0-155 degrees of forward flexion, 160 degrees passively. External rotation to 40 degrees and internal rotation to L5. Cuff strength is 5/5 on the internal and external rotation, 4+/5 on thumbs down supraspinatus testing. Tenderness to palpation over the lateral subacromial area, anterior biceps tendon, deltoid insertion site. Plan: Trail cortisone injection. If he has

pain relief following the local anesthetic, he would suggest redo a glenohumeral joint injection at the time. The claimant is to continue with current work restrictions.

6-9-10 MD., the claimant has not had any more therapy approved. He is now 6 1/2 months postop right shoulder repair. He does not have the strength but he now has his range of motion. Since the injection his pain is much less. The evaluator recommended a Functional Capacity Evaluation. His frozen shoulder has resolved from being very cautious with initial therapy. He is very likely going to need the work conditioning.

7-27-10 Physical Performance Test notes the claimant does not meet the requirements, safety or performance ability to do his job safely, effectively or confidently without restrictions. The claimant should continue care with his treating doctor to help the claimant's condition, minimize and correct as well as reduce muscle spasms, decrease joint adhesions, increase range of motion and decrease the perception of pain. According to the objective data, the claimant would greatly benefit from a 4-8 week work hardening program. Throughout the evaluation, the claimant has demonstrated significant limitations in strength and AROM which appear to be consistent and congruent with the level and extent of injury.

8-24-10 LPCS., the claimant's assessment results indicate that he will be able to psychologically endure the rigors of a Work Hardening program. The patient will be monitored during weekly group psychotherapy sessions. If the patient's emotional status changes during the course of the program, he will be considered for psychological re-evaluation and alternative treatment recommendations.

8-24-10 Physical Performance Evaluation notes the claimant does not meet the requirements, safety or performance ability to do his job safely, effectively or confidently without restrictions. The claimant should continue care with his treating doctor to help the claimant's condition, minimize and correct as well as reduce muscle spasms, decrease joint adhesions, increase range of motion and decrease the perception of pain. According to the objective data, the claimant would greatly benefit from a 4-8 week work hardening program. Throughout the evaluation, the claimant has demonstrated significant limitations in strength and AROM which appear to be consistent and congruent with the level and extent of injury.

9-1-10 PAC., the claimant is still hurting very much. He felt bad over the last two months. He is taking Celebrex and steroids and currently not working. The claimant has not been working because no light duty available. The claimant has not had physical therapy. On exam, he has decreased range of motion. There is tenderness of the anterior aspect of the shoulder. Range of motion is limited with pain. Plan: Modified activity.

9-8-10 PAC., the claimant's right shoulder is still hurting. He is taking Celebrex. He feels about the same. He is waiting approval to return to physical therapy. On exam, he has no crepitation on range of motion. Abduction is 50% with pain. He has negative

Spurling and axial load. Assessment: Complete rupture of rotator cuff, shoulder pain and shoulder strain. Plan: Continue medications, home exercise program. The claimant is to continue with no activity, as there was no light duty available.

9-17-10 Pre-certification request from Rehabilitation Center for work hardening 8 hours a day x 5 days x 2 weeks. DC.: After completing 10 sessions of work conditioning, the claimant increased in dynamic lifts with an increase from 8 lbs to 20lbs in carry, (goal is 50lbs) 9lbs from floor to knuckle and increased to 20lbs, (goal is 50lbs) 8lbs from to knuckle to shoulder and shoulder to overhead and increased to 20lbs. (goal is 50lbs) He was able to endure 30 minutes on the bike and increased to 60 minutes, (goal is 60 minutes) 30 minutes on the treadmill and increased to 60 minutes, (goal is 60 minutes) 5 minutes on the stairs and increased to 30 minutes, (goal is 30 minutes) and 10 minutes on the UEB and increased to 20 minutes. (goal is 45 minutes) He was able to endure 10 minutes of work simulation and increased to 30 minutes (goal is 45 minutes). The claimant continues to have the following limitations: lifting instability, ability to tolerate work related activities, subjective deficits with ADL's, work and leisure activities, anxiety/depression-related-to being-off work,-,pain with range or motion, grasping, and pain management tolerance. However, improvements have been noted in range of motion, global muscle strength, reduction in pain, improved AOL's, increased affects, decreased anxiety, trunk rotation, bending, squatting, overhead reaching, prolonged standing, sitting, and walking, and stair climbing. A psychological evaluation was performed on 8-24-10 and determined the patient shows signs of depression and anxiety with a BDI score of 30 and a BAI score of 35. The patient has severe sleep disturbance. The patient's mood was depressed and his affect includes irritability and sadness. The program will concentrate on increasing the claimant's PDL and improving body mechanics, as well as instruct him to perform daily exercises that will aid him with recovery from his on the job injury. Work simulation will include lifting and carrying weights, bending, prolonged standing, walking, and other tasks related to a Laborer's position. He cannot safely do a job in his same field that requires the same PDL without restrictions and should not return to that environment until he demonstrates objective improvement. The patient meets the ODG guidelines for admission into the Work Hardening Program.

9-23-10 DC., performed a Utilization Review. The reviewer noted he spoke to , she is an authorized rep for the requesting doctor, and he discussed the current request on 9-21-10 at 5:16 PM CST. The claimant had an arthroscopic shoulder surgery on 11/16/2009 which was followed by at least 34 sessions of post op PT. Despite completing 34 visits of post op PT the claimant was only capable of lifting up to 8 lbs. This claimant completed 10 visits of work conditioning with 6 hour sessions. Following which the claimant was capable of lifts up to 20 lbs. A recent PPE indicated the claimant was capable of dynamic lifts up to 30 lbs which falls into the Medium PDL. A glass installer requires a Medium PDL according to Dictionary of Occupational Titles (DOT) revised fourth edition. It would appear the claimant is already capable of normal work duties based on the submitted information. The claimant works as a glass installer for Bielas Glass. A verified job to return to has not been given by the employer. A job description/job demand has not been given by the employer to support the current

request. There is no evidence of attempts to return the claimant to modified or normal work duties prior to the current request. The current request is not consistent with the ODG Criteria for the current request. ODG WH Criteria states, "21) Repetition: Upon completion of a rehabilitation program (e.g., 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." The current request is not consistent with ODG. This claimant does not meet the ODG Criteria for the current request. Based on the documentation provided, objective and subjective findings this request is not medically reasonable and necessary. Non-Authorization is advised.

9-29-10 DC., Request for Appeal - The evaluator reviewed the Utilization Review. He noted that the reviewer states as rationale "The claimant had an arthroscopic shoulder surgery on 11/16/2009 which was followed by least 34 sessions of post op PT. Despite completing 34 visits the claimant was only capable of lifting up to 8lbs. This claimant completed 10 visit of work conditioning with 6 hour sessions. Following which the claimant was capable of lifting up to 20lbs. A recent PPE indicated the claimant was capable of dynamic lifts up to 30lbs which falls into the Medium PDL. A falls within the Medium PDL. It would appear this patient is already capable of normal work duties. Despite the reviewer stating the patient has had 34 visits of PT the patient continues with high pain levels and significant limitations due to his work-related injury. The claimant made significant improvements within the work conditioning program increasing his physical demand level from sedentary to light in 10 days. He continues to have limitations in lifting and that is below his required job demand PDL of Medium. Related to being off work, pain with range of motion, grasping, and pain management tolerance. However, improvements have been noted in range of motion, global muscle strength, reduction in pain, improved AOL's, increased affects, decreased anxiety, trunk rotation, bending, squatting, overhead reaching, prolonged standing, sitting, and walking, and stair climbing. All of this information has been reattached with this appeal to substantiate the preauthorization request and multidisciplinary evaluation regarding the necessity of treatment.

10-6-10 DC., the evaluator reported that on 9-30-10 at 1045 EST and 10-4-10 at 1315 EST, he spoke with pre-cert contact who noted claimant was originally referred for Work Conditioning by primary treating physician. On 10-4-10 at 1322, left message with for D.C. to return call. On 10-4-10 at 1745 EST, he spoke with Dr. for 20 minutes. On 10/5110 at 1800, he spoke with Dr. again. He corrected PPE lift numbers especially start point of 8 pounds which was actually 25 pounds, however, patient only got to 30 pounds with 10 Work Conditioning sessions which is minimal gain. He also noted he was new to this case and had no information about the patient's medication problems and why he was placed in Work Conditioning with such. After a full discussion of the case, Dr. concluded that Work Hardening may not be the most appropriate direction for the patient and will consider other treatment options. As such, recommendation is made for non-certification at this time.

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

REVIEW OF FILE SHOWS CLAIMANT HAS COMPLETED NEARLY THREE DOZEN POST-OP PHYSICAL THERAPY SESSIONS, PLUS 10 SESSIONS WORK CONDITIONING SINCE SURGERY ON 11/16/09. MOST RECENT FCE DEMONSTRATES CLAIMANT TO BE AT SEDENTARY-LIGHT PDL, WHILE JOB REQUIREMENTS REQUIRE MEDIUM-HEAVY. CURRENT REQUEST IS FOR 10 SESSIONS WORK HARDENING TO ADDRESS REMAINING PHYSICAL DEFICIENCIES AND NEWLY RECOGNIZED PSYCHOSOCIAL BARRIERS TO RETURN-TO-WORK. DOCUMENTS FROM PRIOR PEER DISCUSSIONS REVEAL CLAIMANT'S PROGRESS WITH WORK CONDITIONING WAS MINIMAL WITH REGARD TO LIFTING CAPACITY. DOCUMENTATION OF WORK CONDITIONING PROGRAM IS LIMITED AND DESCRIBE CLAIMANT TO BE AT SEDENTARY CAPABILITY AFTER 32 HOURS OF THE PROGRAM. LEFT UNCLEAR IS THE REASON THAT THE CLAIMANT'S REPORTEDLY MAJOR PSYCHOLOGICAL ISSUES REMAINED UNNOTICED AND UNADDRESSED THROUGHOUT THE DISABILITY PROCESS. THESE MULTI-DISCIPLINARY PROGRAMS ARE INTENDED TO RETURN A PATIENT TO WORK AFTER A PLATEAU HAS BEEN REACHED AND ALL LOWER LEVELS OF CARE HAVE BEEN EXHAUSTED. IN THIS CASE, WORK CONDITIONING APPEARS TO HAVE BEEN RECOMMENDED AND PERFORMED PRIOR TO A PHYSICAL PLATEAU BEING REACHED WITH FORMAL PHYSICAL THERAPY FOLLOWED BY A HOME EXERCISE PROGRAM. LOWER LEVELS OF PSYCHOLOGICAL INTERVENTION REMAIN WHOLLY UNTRIED. ADDITIONALLY, EVIDENCE-BASED GUIDELINES DO NOT SUPPORT A REPETITION OF A RETURN-TO-WORK PROGRAM IN THIS CATEGORY, WHETHER IT BE WORK CONDITIONING, WORK HARDENING, FUNCTIONAL RESTORATION OR CHRONIC PAIN MANAGEMENT. THEREFORE, THE REQUEST FOR WORK HARDENING PROGRAM IS NOT REASONABLE OR MEDICALLY INDICATED.

**ODG-TWC, last update 11-15-10 Occupational Disorders of the Pain – Work Hardening/Work conditioning:** Recommended as an option, depending on the availability of quality programs. [NOTE: See specific body part chapters for detailed information on Work conditioning & work hardening.] See especially the Low Back Chapter, for more information and references. The Low Back WH & WC Criteria are copied below.

**Criteria for admission to a Work Hardening (WH) Program:**

- (1) Prescription: The program has been recommended by a physician or nurse case manager, and a prescription has been provided.
- (2) Screening Documentation: Approval of the program should include evidence of a screening evaluation. This multidisciplinary examination should include the following components:
  - (a) History including demographic information, date and description of injury, history of previous injury, diagnosis/diagnoses, work status before the injury, work status after the injury, history of treatment for the injury (including medications), history of previous injury, current employability, future employability, and time off work;
  - (b) Review of systems including other non work-related medical conditions;
  - (c)

Documentation of musculoskeletal, cardiovascular, vocational, motivational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist (and/or assistants); (d) Diagnostic interview with a mental health provider; (e) Determination of safety issues and accommodation at the place of work injury.

Screening should include adequate testing to determine if the patient has attitudinal and/or behavioral issues that are appropriately addressed in a multidisciplinary work hardening program. The testing should also be intensive enough to provide evidence that there are no psychosocial or significant pain behaviors that should be addressed in other types of programs, or will likely prevent successful participation and return-to-employment after completion of a work hardening program. Development of the patient's program should reflect this assessment.

(3) Job demands: A work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands. These job demands are generally reported in the medium or higher demand level (i.e., not clerical/sedentary work). There should generally be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks (as limited by the work injury and associated deficits).

(4) Functional capacity evaluations (FCEs): A valid FCE should be performed, administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to treatment in these programs.

(5) Previous PT: There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches.

(6) Rule out surgery: The patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery).

(7) Healing: Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.

(8) Other contraindications: There is no evidence of other medical, behavioral, or other comorbid conditions (including those that are non work-related) that prohibits participation in the program or contradicts successful return-to-work upon program completion.

(9) RTW plan: A specific defined return-to-work goal or job plan has been established, communicated and documented. The ideal situation is that there is a plan agreed to by the employer and employee. The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities.

(10) Drug problems: There should be documentation that the claimant's medication regimen will not prohibit them from returning to work (either at their previous job or

new employment). If this is the case, other treatment options may be required, for example a program focused on detoxification.

(11) Program documentation: The assessment and resultant treatment should be documented and be available to the employer, insurer, and other providers. There should be documentation of the proposed benefit from the program (including functional, vocational, and psychological improvements) and the plans to undertake this improvement. The assessment should indicate that the program providers are familiar with the expectations of the planned job, including skills necessary. Evidence of this may include site visitation, videotapes or functional job descriptions.

(12) Further mental health evaluation: Based on the initial screening, further evaluation by a mental health professional may be recommended. The results of this evaluation may suggest that treatment options other than these approaches may be required, and all screening evaluation information should be documented prior to further treatment planning.

(13) Supervision: Supervision is recommended under a physician, chiropractor, occupational therapist, or physical therapist with the appropriate education, training and experience. This clinician should provide on-site supervision of daily activities, and participate in the initial and final evaluations. They should design the treatment plan and be in charge of changes required. They are also in charge of direction of the staff.

(14) Trial: Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress.

(15) Concurrently working: The patient who has been released to work with specific restrictions may participate in the program while concurrently working in a restricted capacity, but the total number of daily hours should not exceed 8 per day while in treatment.

(16) Conferences: There should be evidence of routine staff conferencing regarding progress and plans for discharge. Daily treatment activity and response should be documented.

(17) Voc rehab: Vocational consultation should be available if this is indicated as a significant barrier. This would be required if the patient has no job to return to.

(18) Post-injury cap: The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two-years post injury generally do not improve from intensive work hardening programs. If the worker is greater than one-year post injury a comprehensive multidisciplinary program may be warranted if there is clinical suggestion of psychological barrier to recovery (but these more complex programs may also be justified as early as 8-12 weeks, see [Chronic pain programs](#)).

(19) Program timelines: These approaches are highly variable in intensity, frequency and duration. APTA, AOTA and utilization guidelines for individual jurisdictions may be inconsistent. In general, the recommendations for use of such programs will fall within

the following ranges: These approaches are necessarily intensive with highly variable treatment days ranging from 4-8 hours with treatment ranging from 3-5 visits per week. The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours (allowing for part-day sessions if required by part-time work, etc., over a longer number of weeks). A reassessment after 1-2 weeks should be made to determine whether completion of the chosen approach is appropriate, or whether treatment of greater intensity is required.

(20) Discharge documentation: At the time of discharge the referral source and other predetermined entities should be notified. This may include the employer and the insurer. There should be evidence documented of the clinical and functional status, recommendations for return to work, and recommendations for follow-up services. Patient attendance and progress should be documented including the reason(s) for termination including successful program completion or failure. This would include noncompliance, declining further services, or limited potential to benefit. There should also be documentation if the patient is unable to participate due to underlying medical conditions including substance dependence.

(21) Repetition: Upon completion of a rehabilitation program (e.g., 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.

ODG Work Conditioning (WC) Physical Therapy Guidelines

WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, 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). See also Physical therapy for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.

Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours.

### **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)