

Notice of Independent Review Decision

DATE OF REVIEW: 11/11/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of a work hardening program

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

The professional performing this review is a licensed Chiropractor. He is a Diplomate of the National Board of Chiropractic Examiners. He has been licensed since 1989. He is a Certified Insurance Consultant which involves providing peer/utilization review (prospective, concurrent and retrospective) cases.

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.

The medical necessity for the requested 10 sessions of work hardening was not established.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records Received: 25 page fax 11/2/10 Texas Department of Insurance IRO request, 95 page fax 11/5/10 URA Response to disputed services with administrative and medical records

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PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was involved in a work injury on xx/xx/xx. The injury was described as the claimant was pulling a 2-wheel dolly over a curb when he felt pain in his lower back. The claimant presented to his medical provider for an evaluation. Treatment was discontinued due to an unrelated finding of testicular cancer that had metastasized to the lung and liver. The claimant underwent surgery followed by chemotherapy and radiation. The claimant returned to the office of Dr. MD, on 4/29/2010 for an evaluation. The claimant was then referred to Dr. DC, on 5/3/2010 for a physical therapy evaluation. A request for 8 sessions of physical therapy was submitted and authorized by peer review. This was followed by a request for 4 additional physical therapy treatments that were authorized. The claimant then was returned to work in June of 2010 with restrictions of no lifting over 40 pounds. On 9/16/2010 the claimant underwent a functional capacity evaluation that revealed the claimant was functioning at a light PDL. Job required PDL is that of medium. A request for 10 sessions of work hardening was submitted.

On 9/27/2010 a peer review was performed and the request for work hardening was denied. The rationale was that "the claimant has been back to work with restrictions 4 months and the adjustment of the restrictions would better serve the claimant then taking him off work and completed work hardening program." On 10/8/2010 the request was again denied upon reconsideration. The peer review doctor, Dr., was unable to make peer to peer contact. The rationale for denial was that "a job description/job demand had not been provided by the employer to support the current request the claimant has been working his normal work duty since June 2010 with restrictions of lifting no more than 40 pounds. There is no evidence of attempts to change the work restrictions gradually towards full duty since the claimant was returned to work duties in June 2010." On 10/20/2010 the provider submitted a request for an IRO. The purpose of this IRO review is to determine the medical necessity for the requested work hardening.

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

Dr. submitted an appeal letter dated 10/20/2010 in which he addressed the recommendations from the peer reviewer, Dr. in the 9/27/2010 peer review. In his appeal letter, Dr. indicated that "the patient has been back at work with restrictions for months and is currently working, but has yet to bridge the gap from light to medium, as anticipated according to the ODG." The claimant

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returned to work with modified duty in June of 2010. Approximately 3 month later the claimant underwent a functional capacity evaluation that revealed the claimant was still functioning at a light physical demand level. His job required PDL is that of medium. The FCE indicated that the claimant was able to lift 15 pounds from the floor to waist and 20 pounds from the waist to shoulder, and carried 20 pounds. However, the claimant's job restriction is to lift no more than 40 pounds.

The claimant's job required PDL is that of medium. This indicates that an occasional basis up to 50 pounds and 10-25 pounds on a frequent basis. The functional capacity evaluation revealed that the claimant is able to lift 15-20 pounds. The job restriction is no more than 40 pounds. This indicates that the claimant is working within the medium physical demand level as required by his job. This claimant was working for 3 months with restrictions that were within his job required physical demand level. So now the provider wants to take the claimant off work for 2 weeks so that he can increase the claimant's lifting ability by 5 pounds? This is not supported by ODG guidelines. Dr. opined in his peer review that "there is no evidence of attempts to change the work restrictions gradually towards full duty since the claimant was returned to work duties in June 2010." This is a reasonable thought process. However, in the provider's appeal request this is never addressed. ODG guidelines, web-based version, low back chapter indicates that "the best way to get an injured worker back to work is with modified duty return to work program, rather than a work hardening/conditioning program, but when an employer cannot provide this, a work hardening program specific to the work goal may be helpful." This claimant has been able to work on modified duty with restrictions that are nearly at the requirements of his job. The need to remove the claimant from work for 2 weeks to perform a work hardening program is not supported by ODG guidelines. Therefore, I recommend non-certification of the requested 10 sessions of work hardening.

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 --ODG guidelines, web-based version, low-back chapter.
- 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)