

Envoy Medical Systems, L.P.
1726 Cricket Hollow Dr.
Austin, TX 78758

PH: (512) 248-9020
FAX: (512) 491-5145

Notice of Independent Review Decision

DATE OF REVIEW: 9/13/10

IRO CASE #:

Description of the Service or Services In Dispute
10 sessions work hardening program

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

Physician 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)
<input checked="" type="checkbox"/> Overturned	(Disagree)
Partially Overturned	(Agree in part/Disagree in part)

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

Adverse determination letters, 8/6/10, 7/9/10
Request 7/6/10
DDE reports t 8/23/10, 7/8/10 Dr.
Records 3/2010 - 7/2010 Dr.
FCE report 4/9/10 Psychological diagnostic interview report 10/29/09, Dr.
H & P report 6/23/10
Pain management evaluation 4/19/10, Dr.
ODG guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his right knee and back in xx/xxxx when a pipe fell on him and knocked him to the floor. He was treated with physical therapy, and right knee arthroscopy on January 2010. On 8/23/10 he underwent DDE. Complaints at that time remained right knee symptoms, lower back symptoms. Injections were performed and a work hardening program was recommended. Work hardening was denied by the carrier primarily due to insufficient recent clinical assessment records, progress notes of physical therapy, and no specific documentation of the patient's job tasks, or that he has a job to return to.

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

I disagree with the denial of the proposed work hardening. The patient has recognized extensive injury to the right lower extremity/knee, as well as the lumbar spine. The records sufficiently reveal the current status of injury. The patient has limited education, and his job at the time of injury was construction work. This is enough job description to justify a work hardening program,

and in the job demands section, there is evidence of the patient's current deficits limiting his ability to safely achieve construction job type demands in the medium and heavy demand levels. A work hardening program is justified in this case.

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)