

SENT VIA EMAIL OR FAX ON
Apr/06/2011

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

WH X 10 visits

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

Board Certified PMR and Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Cover sheet and working documents
2. Work hardening program preauthorization request dated 01/28/2011
3. Utilization review determination dated 02/07/11, 03/07/11
4. Reconsideration work hardening program request dated 02/25/11
5. Patient report of work duties dated 11/18/10
6. Functional capacity evaluation dated 12/06/10
7. History and physical for work hardening program dated 11/09/10
8. Multidisciplinary work hardening plan and goals of treatment dated 11/18/10
9. Behavioral medicine reevaluation dated 11/18/11
10. MRI of the lumbar spine dated 08/05/08, 09/15/10
11. MRI of the brain dated 02/12/10
12. Operative note dated 01/22/10
13. Procedure note dated 12/03/09, 01/14/10
14. Follow up note dated 03/16/11, 02/16/11, 01/19/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was involved

in a motor vehicle accident wherein she was rear-ended by another vehicle. Treatment to date includes diagnostic testing, physical therapy, medication management, 6 sessions of individual psychotherapy, epidural steroid injection on 12/03/09 and 01/14/10, right shoulder arthroscopy with subacromial decompression and acromioplasty, SLAP debridement, complete joint synovectomy, partial AC resection, removal of adhesions and rotator cuff repair on 01/22/2010. MRI of the brain dated 02/12/10 is reported as a normal study. MRI of the lumbar spine dated 09/15/10 revealed minimal L3-4 posterior disc bulge with small posterior annular tear results in minimal narrowing of the central canal; minimal disc bulging at L4-5 and L5-S1 results in no significant central canal stenosis. There is minimal multilevel neural foraminal narrowing within the lower lumbar spine with no definite nerve root impingement identified.

History and physical for work hardening program dated 11/09/10 reports diagnoses of chest wall contusion, right elbow sprain/strain, right arm sprain/strain, right shoulder sprain/strain, cervical sprain/strain, lumbar sprain/strain, cervical herniated disc, lumbar herniated disc and closed head injury with post concussion vascular headaches. Behavioral medicine reevaluation dated 11/18/10 indicates that current medications are Lodine and Topamax. BDI is 29 and BAI is 34. Diagnoses are major depressive disorder, anxiety disorder, rule out pain disorder. Functional capacity evaluation dated 12/06/10 indicates that the patient's required PDL is medium heavy and current PDL is sedentary. The patient passed 17/27 validity criteria during the evaluation, 63%.

Initial request for work hardening x 10 days was non-certified on 02/07/11 noting that the functional capacity evaluation was valid in 63% of tested categories, and ODG would not support this request when it would not appear that a recent functional capacity evaluation was a valid study. The denial was upheld on appeal dated 03/07/11 noting that current evidence based guidelines report that to be eligible for a work hardening program "the worker must be no more than 2 years past date of injury", and the patient's date of injury is greater than 2 ½ years old. There is no specific, defined return to work goal provided.

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

Based on the clinical information provided, the request for work hardening x 10 visits is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained injuries over 2 ½ years ago. The Official Disability Guidelines report that "the worker must be no more than 2 years past date of injury" to participate in a work hardening program. The submitted records fail to provide a specific, defined return to work goal as required by the Official Disability Guidelines. Given the current clinical data, the requested work hardening program is not indicated as medically necessary, and the two previous denials are upheld.

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

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)