

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: December 6, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening Program, five times a week for two weeks, with a total of 10 visits. CPT Codes: 97545 and 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Health Services, 03/23/11, 03/29/11, 04/25/11, 05/19/11, 06/24/11, 07/14/11
- M.D., 03/25/11, 03/31/11
- Diagnostic Imaging, 03/29/11

- Healthcare Systems, 05/25/11, 05/26/11, 07/18/11, 07/21/11, 08/24/11, 08/31/11, 09/20/11
- Healthcare Systems, 07/29/11, 10/25/11
- Rehabilitation Center, 09/21/11, 10/04/11, 10/26/11
- 09/27/11

Medical records from the Provider include:

- Texas Department of Insurance, 11/17/11
- Healthcare Systems, 05/25/11, 07/18/11, 08/19/11, 08/24/11, 08/31/11, 09/20/11
- Healthcare Systems, 05/27/11, 05/31/11, 06/01/11, 06/03/11, 06/06/11, 06/20/11, 06/22/11, 06/24/11, 06/27/11, 06/29/11, 06/30/11, 07/05/11, 07/06/11, 07/08/11, 07/11/11, 07/12/11, 07/15/11

PATIENT CLINICAL HISTORY:

The services in dispute are work hardening five times a week for two weeks.

The patient is a female that was injured in a work-related injury on xx/xx/xx. According to the patient, she was at work when a propane tank fell off a shelf and landed on her leg.

An x-ray examination revealed a multi-fragmented fracture of the tibial plateau.

The patient is employed as a. The patient's job duties, according to her supervisor, include loading and unloading trucks of material; checking in material, counting, tagging; adding material to dollies; and overseeing the loading and unloading of material on racks. The patient must constantly lift between 20 and 50 pounds, stand, ambulate, bend, twist, crouch, squat, kneel, climb stairs, push, pull, and perform overhead work.

The patient underwent surgery to repair the fracture on March 31, 2011. There was a functional capacity evaluation performed on May 25, 2011. The left knee flexion was limited at 70 degrees. The knee extension was limited at a negative 25 degrees. The strength testing of the knee flexion with lateral rotation was eight pounds. The knee flexion with medial rotation was ten pounds. The knee extension was 14 pounds.

There was a functional capacity evaluation performed on July 18, 2011. The left knee flexion was 90 degrees. The knee extension was a negative 25 degrees. The strength testing of the knee flexion with lateral rotation was seven pounds. The knee flexion with medial rotation was four pounds. The knee extension was 16 pounds. The patient had progressed to walking without the aid of crutches, but she was unable to squat, toe walk, heel walk, or balance on the left foot.

There was a functional capacity evaluation performed on August 19, 2011. The left knee flexion was 90 degrees. The knee extension was a negative 25 degrees. The strength testing of knee flexion with lateral rotation was nine pounds. The knee flexion with medial rotation was six pounds. The knee extension was 15 pounds. The evaluation of dynamic lifting to the waist was 36 pounds and to the shoulder was 21 pounds, overhead was 21 pounds, and carrying was 36 pounds. This was classified as a medium physical demand level.

There was another functional capacity evaluation performed on August 31, 2011. The left knee flexion was 90 degrees. The knee extension was a negative 15 degrees. The strength testing of knee flexion with lateral rotation was nine pounds. The knee flexion with medial rotation was nine pounds. The knee extension was 12 pounds. The patient had progressed to walking without the aid of crutches. She was able to perform half squats. She was able to toe walk, but she was still unable to heel walk and unable to balance on her left foot. The evaluation of dynamic lifting to the waist was 36 pounds and to the shoulder was 26 pounds, overhead was 21 pounds, and carrying was 36 pounds. This was still classified as a medium physical demand level.

There was a functional capacity evaluation performed on September 20, 2011. The knee flexion remained at 90 degrees. The knee extension remained at a negative 15 degrees. The strength testing of knee flexion with lateral rotation was nine pounds. The knee flexion with medial rotation was nine pounds. The knee extension was 16 pounds. The results noted the patient was now able to toe walk, perform half squats, and walk for up to 20 minutes before stopping due to pain, but she was still unable to heel walk or balance on the left foot. The evaluation of dynamic lifting to the waist was 36 pounds and to the shoulders was 31 pounds, overhead was still 21 pounds, and carrying increased to 41 pounds. This was classified still as a medium physical demand level.

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

Review of the outcome is overturned.

Justification: The patient has not yet reached the demands of her job and has not yet reached a plateau, but she is still making objective gains towards functional improvement as evidenced in the above dynamic lifts.

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)