US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work Conditioning 5x/week for 1 week

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
11/16/10, 12/8/10
M.D., Ph.D. 6/7/10
TDI 6/14/10
FCE 11/4/10
Diagnostic 9/16/10
7/30/10
Medical Center 11/4/10
6/14/10 to 7/4/10
Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY
This is a man reportedly injured on xx/xx/xx in a accident. He reportedly suffered contusions and sprain of the left knee and ankle and the left shoulder. The MRI of the knee showed a Grade 2 sprain of the ACL and a normal PCL. Dr. felt there was a partial tear in the PCL, but surgery was not needed. The DD examination in 6/10 showed local cervical tenderness and a left knee effusion. He did not describe any shoulder problems. Dr. did a chart review. He noted prior migraines. He had an FCE on 11/4/10 that showed him to be at a light medium PDL, while his job required a medium PDL. It was felt that this was due to problems with posture and lifting. He had weakness in the left quadriceps, an antalgic gait and problems with getting up from a sitting position. He was found to have “High subjective pain levels associated with activity.”

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

It is not clear from the records that were provided if this man has participated in prior physical therapy and followed with a home exercise program to build up the quadriceps and possibly reduce the limp and improve his ability to get up from sitting. The only confirmation was the ACL strain and the effusion that resolved. Work Hardening and conditioning require the documentation that he has a job to return to. That was not provided. He is at a light medium PDL and requires being at a medium PDL. I do not believe the difference meets the "valid mismatch" required for work hardening.

Further, his "high subjective pain levels associated with activity" may have played a factor. There is a requirement that there be a "diagnostic interview" by a mental health provider. There was no psychological assessment to rely upon. Therefore, the ODG requirements for entrance into a work hardening program have not been met. The reviewer finds no medical necessity at this time for Work Conditioning 5x/week for 1 week.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)