

SENT VIA EMAIL OR FAX ON
Jan/25/2011

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

70 hours of Work Hardening

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

Board Certified Orthopedic Surgeon

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

MRI right knee: 07/31/07

Designated doctors Exam Report: 03/11/08

Surgery Report: 08/10/10

Dr, OV: 10/25/10, 11/15/10, 11/24/10, 12/22/10

FCE: 12/01/10

Psychosocial Assessment: 12/08/10

Peer Review: 12/20/10, 12/30/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his right knee on xx/xx/xx. While getting down from a vehicle, he slipped and fell. The claimant underwent a right total knee arthroplasty on 08/10/10. Postoperatively he attended 12 physical therapy sessions. A functional capacity evaluation on 12/01/10 revealed that the claimant was unable to perform the physical demands of his job as a mechanic. The claimant had a Beck Depression Inventory score of 8 that was interpreted as a normal range of ups and downs associated with daily living when he had a psychosocial assessment on 12/08/10. He was thought to be a good candidate for a work hardening program. This was noncertified in a peer review on 12/20/10, as the claimant did not have a job to which he could return. The claimant wanted

to seek employment as a but there was not job description available. So the necessity of work hardening was not established. Dr. appealed the decision stating that part of work hardening was vocational rehabilitation, which would help him return to a job that would be more appropriate for his level of function. Another peer review on 12/30/10 again noncertified the request for work hardening citing a physical therapy report from 11/23/10 that stated the claimant's goals were successfully met after 12 visits. It also noted that there had been no documentation that the claimant was not a candidate where surgery or other treatments would clearly be warranted to improve function. There was no documentation of adequate physical therapy or occupational therapy followed by a plateau. In addition the request for work hardening was more than two years past the date of the injury and hence the necessity of the request had not been established.

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

The requested 70 hours of work hardening cannot be justified based on the information provided. Though the claimant was formally a heavy equipment mechanic records suggest the claimant is now planning to return to employment as a. The prior functional capacity evaluation only indicated the claimant was unable to perform the physical demands of his job as a mechanic. However the job requirements and physical demands for a are unknown. It is unknown if the claimant lacks sufficient range of motion or strength for that position. The extent of prior physical therapy is also unknown and a previous reviewer suggested that the claimant met physical therapy goals after 12 sessions. It is unclear if the claimant has plateaued to the point where no additional benefit would arise from continuation of prior physical therapy treatments. Accordingly, it is not clear whether the claimant would benefit from simple postoperative therapy for strengthening rather than work hardening or if the claimant has adequate physical function for a job as a welder. For these reasons the requested work hardening does not fulfill criteria as established by ODG for a work hardening program.

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)