

Notice of Independent Review Decision
REVIEWER'S REPORT

DATE OF REVIEW: 05/30/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten (10) sessions of work conditioning (CPT 97545, 97546)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Chiropractor, Diplomate, Congress of Chiropractic Consultants

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.11	WHOWC		Prospective						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 03/24/11 & 04/11/11, including criteria used in the denial.
3. Initial visit/comprehensive evaluation 09/10/10.
4. Orthopedic evaluation and follow up 10/14/10, 11/18/10 & 02/24/11.
5. Evaluation 11/12/10.
6. Diagnostic evaluation 10/14/10.
7. Treating doctor's evaluation and follow up 08/16/10, 11/15/10, 02/14/11 & 04/01/11.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):Records indicate that this worker suffered an injury while on the job on XX/XX/XX. She had climbed up onto a beverage counter to clean the wall when she suddenly felt pressure in chest, right ribs and mid-back.

She has since received twenty-one (21) session of physical therapy, after which she received a thoracic ESI with an additional six (6) visits post-injection. The office visit note on 02/24/11, indicates the epidural steroid injection gave her 70% relief. Her pain level on that date was 3/10, with discomfort on side to side movement, with occasional soreness and stiffness. Exam findings were minimal on this date.

FCE dated 02/14/11 noted that she could floor-lift 42 pounds on NIOSH, and 15 pounds of dynamic lifting. The FCE reveals she is able to return to her light-duty job classification as a cashier. The letter of necessity dated 04/01/11 indicated the desire for the patient to continue light duty work and attend work conditioning.

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

Based on the fact that this patient has already completed physical therapy beyond the ODG guidelines allowed and the minimal current objective findings, there is no documentation or clinical justification for the patient to receive ten (10) sessions of a work conditioning program.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)