

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 22, 2011 AMENDED: MARCH 23, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 10 sessions of work conditioning; 4 hrs daily X 5 days per week x 2 weeks

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.10	WHOWC		Prop	10					Upheld

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 76 pages of records received to include but not limited to: Notice of assignment; TDI letter 3.2.11; letter 12.20.10, 1.25.11; Rehabilitation record 12.14.10, 1.12.11; records 3.29.10-10.26.10; Evaluation Center report 10.21.10; Healthcare Systems records 10.1.10; BHI2 report 10.1.10; DDE report 8.27.10; report CT Lumbar following Myelogram 5.26.10; request for an IRO forms

Requestor records- a total of 25 pages of records received to include but not limited to: TDI letter 3.2.2011; Healthcare Systems note 10.1.10; records 4.2.10-1.12.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with an October 10, 2010 evaluation completed at the Healthcare system. This evaluation was a psychological assessment for appropriateness for a Work Hardening program. This assessment endorsed the work hardening program.

Prior clinical evaluations by Dr. noted that there was a lumbar strain/sprain and lumbar disc disease, a neurosurgical second opinion was sought. Electrodiagnostic studies noted an L5 radiculopathy. However, myelogram did not corroborate pathology to support a verifiable radiculopathy. The right SI joint was injected; this injection only reduced the back pain by 20%.

Also in October 2010, the medication Hydrocodone was discontinued as there was evidence of illicit drugs in the injured employee system.

It is noted that the work hardening program was not certified. This request was being appealed. The appeal was also not certified. A PPE was also noted.

Dr. completed a Designated Doctor evaluation and determined that maximum medical improvement had been reached in August 2010.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines, specifically for the request of a work conditioning program "ODG Work Conditioning (WC) Physical Therapy Guidelines WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.

Therefore, due to clinical evaluations noting a Lumbar strain with no neurological deficits on physical examination, no compressive lesion upon any neural elements in the lumbar spine, as well as, the patient having reached MMI, there is no medical documentation to prove medical necessity.

Thus, the standards are not met and this request is not certified.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES