

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 21, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed work conditioning program for 6 hours /day X 10 days as related to Lumbar and left knee

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

This case was reviewed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners. The reviewer specializes in chiropractic care and is engaged in a full time practice.

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
V45.89	97456	WC	Prosp	10					Upheld

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 102 pages of records received to include but not limited to: Spine Rehab 4.21.10-12.10.10; Pain Management Physicians report 4.21.10; report, Dr. 8.19.08; DWC 69; notes Dr. 6.21.10; CPPA Anesthesia Charges 7.22.10; itemized statement 7.26.10; Hospital report 7.22.10-8.6.10

URA records- a total of 26 pages of records received to include but not limited to:
letters 2.18.11-3.17.11; Spine Rehab 1.27.11-3.8.11

Requestor records- a total of 341 pages of records received to include but not limited to:
TDI letter 4.1.11; Spine Rehab 3.2.10-1.27.11; DC notes 11.14.08-7.17.09; Hospital report
7.22.10; Clinical Associates notes 11.7.08-12.3.09; Physical Therapy note 10.29.08; report, Dr.
8.19.08; notes Dr. 6.21.10-10.4.10; Pain Management Physicians report 4.21.10; Letters
12.12.08-7.16.09

PATIENT CLINICAL HISTORY [SUMMARY]:

All the records submitted were reviewed independently. These include a surgery report from Dr. post operative orders, Spine & Rehab, SOAP notes, and examinations noting preexisting conditions of diabetes and hypertension. The patient was in the hospital for 4 days after the date of injury and it was noted that his left knee symptoms had resolved after surgery. There are additional SOAP notes dated April of 2009 by Dr. that noted treatment was continuing. The patient consulted with Dr. and his 2 page pain management consult was reviewed dated 04/21/2010 where he noted that the patient had only received mild to moderate relief with chiropractic care, PT, and rehab.

The patient was seen by designated Dr. M.D., who noted on 05/06/2010 that the patient had reached maximal medical improvement. He issued a letter of clarification offering to reexamine the patient some 7 months later where he downgraded the permanent impairment from 13% to 4%. The patient continued treatment from San Antonio Spine & Rehab (dates of service 05/03/2010-06/03/2010.) There were SOAP notes that included the dates of July 2010. The patient was seen in Surgery on 07/22/2010 and the anesthesia report, billing, and postoperative orders reflect the date of 07/22/2010. There was a re-evaluation dated 09/13/2010-12/10/10 by Spine & Rehab.

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/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

DETERMINATION: Uphold the URA denial.

REASON: This patient does not meet ODG v.314, 2011 for approval for a work hardening or a work conditioning program. Specifically criteria 3, 4, 9, and 18 are not met. Criterion 3 asks that there be job demands in the medium to higher demand level and must be provided. There was no documentation from an employer or job description that correlated with that. Criterion 4 indicates that a valid FCE must be performed, administered, and interpreted by a licensed medical professional and there was no FCE submitted in any of the documentation. Criterion 9 requires a return to work program. Criterion 18 states that "The worker must be no more than 2 years past the date of injury." The current request exceeds all ODG criteria for the timeline.

These citations were referenced from the Official Disability Guidelines, 2011, Lumbar Spine chapter for Work Conditioning and Work Hardening.

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