

SENT VIA EMAIL OR FAX ON
May/27/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning x 10 visits

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

Licensed Psychologist

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

1. Cover sheet and working documents
2. Utilization reviews dated 04/14/11 and 04/22/11
3. Office notes 11/03/10, 09/13/10, 09/27/10, 01/17/11, 02/14/11, 03/04/11, 04/04/11, and 04/13/11
4. MRI left knee 08/17/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient's left foot slipped in the bus and he twisted his left knee which resulted in medial joint line pain. MRI of the left knee dated 08/17/10 revealed a posterior horn tear with a peripheral tear of the posterior horn of the medial meniscus. Note dated 11/03/10 indicates that the patient reports that his knee felt better while going to therapy. He underwent therapy 3 x a week x 4 weeks. Follow up note dated 01/17/11 indicates that the patient's left knee is giving him trouble. The patient wishes to avoid surgery. Physical examination on 03/04/11 notes some mild medial joint line tenderness, but not laterally. He is stable on medial and lateral stressing.

Distraction was negative. He squats about 60%. Functional capacity evaluation dated 03/28/11 indicates the patient still has difficulty going up and down stairs. Current PDL is heavy. Physical examination on 04/13/11 is unchanged.

Initial request for work conditioning x 10 was non-certified on 04/14/11 noting that ODG endorses treatment of workers with work injuries back to their pre-injury strength level. The patient's functional capacity evaluation indicates that he has already reached heavy PDL which is the level required for his job, so medical necessity has not been established. The denial was upheld on appeal dated 04/22/11 noting there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There are no specific, time-limited treatment goals provided. The patient's compliance with a home exercise program is not documented.

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

Based on the clinical information provided, the request for work conditioning x 10 visits is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed 12 sessions of physical therapy to date. Functional capacity evaluation dated 03/28/11 indicates that the patient's current PDL is heavy which is his required PDL for return to work. There is no clear rationale provided to support a work conditioning program at this time. There are no specific treatment goals documented. The patient should be instructed in and encouraged to perform an independent, self-directed home exercise program for flare ups of pain. Given the current clinical data, the request for work conditioning is not indicated as medically necessary, and the two previous denials are upheld.

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)