

SENT VIA EMAIL OR FAX ON
Oct/28/2011

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work Conditioning 5 X wk X 2 wks Right Elbow

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

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
Cover sheet and working documents
Utilization review determination dated 10/03/11, 08/30/11
Handwritten progress note dated 07/18/11, 08/24/11
Functional capacity evaluation dated 08/10/11
Medical report dated 07/26/11, 06/21/11
Appeal for services dated 09/07/11
Letter dated 09/09/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting a heavy object and felt a pull around the right elbow followed by pain. X-rays reportedly show what appears to be an old fracture of the olecranon spur. Impression on 06/21/11 is medial epicondylitis. Functional capacity evaluation dated 08/10/11 indicates that the patient has not

received physical therapy. Current PDL is light and required PDL is medium.

Initial request for work conditioning was non-certified on 08/30/11 noting that the records did not provide objective documentation that the patient has received prior physical therapy and that his response has plateaued. The specific short and long term treatment goals for the proposed service were not provided. Appeal for services dated 09/07/11 indicates that the patient has not participated in physical therapy, but the patient's condition has in fact plateaued. The denial was upheld on appeal dated 10/03/11 noting that ODG recommends work conditioning program as an additional series of intensive physical therapy visits required beyond a normal course of physical therapy. The clinical documentation provided stated that the patient has not participated in any physical therapy.

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 5 x wk x 2 wks right elbow is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained injuries in xx/xx to the right elbow, and the submitted records indicate that the patient has not completed any physical therapy to date. The Official Disability Guidelines note that work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of physical therapy. Given the fact that the patient has not completed a "normal course of physical therapy", the requested work conditioning program is not indicated as medically necessary.

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)