

Notice of Independent Review Decision

DATE OF REVIEW: 10/23/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of a work hardening program between 09/07/11 and 11/06/11 (98934)

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., board certified orthopedic surgeon

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>
8360	97545		Prosp.	80	08/10/11-11/06/11				Upheld

INFORMATION PROVIDED FOR REVIEW:

1. Independent Review forms
2. Certification page
3. TDI forms
4. Denial letters, 09/14/11 and 08/19/11
5. Evaluation, 07/08/11 for chronic pain syndrome
6. Clinical notes, 07/08/11
7. Work hardening treatment plan, 07/13/11 through 07/19/11
8. Physical therapy evaluation, 07/08/11, Jason Hall, D.C.
9. Physical performance evaluation, 07/25/11, 08/02/11, and 07/26/11

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who suffered an injury to his left knee on xx/xx/xx. He stated that his knee popped. He has chronic knee pain. He has been treated with physical therapy and has completed one session of

work hardening. He has been off work completely since April 2011. The request was submitted for additional work hardening. This request was considered and denied, reconsidered and denied.

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

Apparently this patient has made significant improvement in his functional capacity subsequent to his initial work hardening treatment protocol. He is now functioning at a very heavy physical demand level. There is no documentation of reason to extend his work hardening level beyond the usual ten sessions of six to eight hours each. The prior denials for continued and extension of work hardening were correct and should be upheld.

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.
- AHCPH-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.)