

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.  
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Notice of Independent Review Decision

**DATE OF REVIEW:** October 4, 2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Work Hardening Program five times a week for two weeks (80 Hours). CPT Code: 97545  
Work Hardening Program – Add-on. CPT Code: 97546

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

CHIROPRACTOR

**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**

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Employer's First Report of Injury or Illness, XX/XX/XX
- Worker's Compensation Request for Medical Care, XX/XX/XX
- Job Offer-Temporary Alternative Duty, 03/14/11
- D.O., 03/14/11, 03/21/11, 03/28/11, 04/15/11, 05/16/11
- Texas Workers' Compensation Work Status Report, 03/14/11, 03/21/11, 03/28/11, 04/15/11, 04/29/11, 05/16/11, 07/14/11, 07/28/11, 08/15/11, 09/08/11
- Progress Notes, 03/15/11, 03/18/11, 03/21/11, 03/24/11, 04/13/11, 04/15/11, 04/20/11, 04/21/11, 06/13/11, 06/30/11, 07/14/11, 07/28/11, 08/15/11, 09/08/11
- Physician Initial Report, 03/28/11
- Follow Up Medical Evaluation/Treatment Plan, 04/29/11
- M.D., 06/13/11, 06/23/11, 06/30/11, 07/14/11
- Healthcare Systems, 06/13/11, 06/27/11, 07/15/11
- Referral Form, 06/14/11

- Job Description - 2 pages
- Clinic, 06/28/11
- D.C., 07/25/11
- Rehabilitation Center, 07/27/11, 08/15/11
- 08/01/11, 08/30/11
- D.P.M., 08/05/11
- Claims Management, Inc., 03/13/11

Medical records from the Provider include:

- Healthcare Systems, 06/27/11, 06/28/11, 07/15/11

**PATIENT CLINICAL HISTORY:**

The patient is a female that was involved in a work-related injury on XX/XX/XX. According to the patient, she fell off of a stepladder and injured her ankle, shoulder, knee, elbow, and lower back.

The patient underwent a physician-supervised physical therapy program. According to the documentation I reviewed, the patient’s shoulder, knee, elbow, and lower back complaints had resolved. The patient has been working on modified duty at Walmart and still complains of ankle pain.

An MRI of the ankle on June 23, 2011, revealed edematous changes and contusion of the anterior medial and central lateral ankle.

On August 5, 2011, the patient was evaluated by DPM. Dr. medical recommendation was for a corticosteroid injection to the ankle followed by additional physical therapy.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The reason for adverse determination: According to the ODG Guidelines, the criteria for admission to a work hardening program requires that the patient must not be a candidate for whom surgery, injections or other treatment would clearly be warranted to improve the patient’s function. According to the evaluation by Dr. on August 5, 2011, the patient was a candidate and would benefit from corticosteroid injections to the ankle. Therefore, my decision is adverse; work hardening is not recommended.

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

- ACOEM- AMERICAN 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)