

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

DATE OF REVIEW: September 28, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening Program five times a week for two weeks. CPT Code: 97545 and 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
- D.C., 07/06/11, 08/22/11
- behavioral Health Services, 08/26/11
- Accident and Injury Rehab, 08/31/11, 09/08/11
- Direct, 08/31/11, 09/02/11, 09/08/11, 09/15/11

Medical records from the Provider include:

- Health System, 06/01/11
- Accident & Injury Rehab, 07/25/11, 07/27/11, 07/29/11, 08/01/11, 08/05/11, 08/08/11
- D.C., 08/22/11
- Behavioral Health Services, 08/26/11
- M.D., 09/09/11

PATIENT CLINICAL HISTORY:

The patient is a female that reported a work-related injury on xx/xx/xx. According to the patient, she was performing her duties when she tripped resulting in a left ankle injury. X-ray examination of the left ankle performed at Health System were negative for fracture. The patient was given prescriptions for Tramadol and instructed to use crutches for three to five days.

On July 6, 2011, the patient presented to the office of D.C., for evaluation and treatment. Dr. provided a total of nine physical therapy sessions.

There was a functional capacity evaluation performed on August 22, 2011, revealing the patient was able to perform dynamic lifts up to 56 pounds. The patient was able to push and pull up to 120 pounds, which placed her in the heavy physical demand level.

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

The services in dispute include work hardening program at five times a week for two weeks. The CPT codes are 97545 and 97546.

According to the ODG Guidelines, criteria for admission to a work hardening program must meet one of the following criteria: 1) Work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands which are in the medium-to-high demand level. 2) After treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by a plateau, but not likely to benefit, from continued physical or occupational therapy. 3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. 4) Physical and medical recovery sufficient to allow for progressive reactivation or participation for a minimum of four hours per day for three to five day per week. 5) A defined return to work goal agreed to by the employer and employee. 6) The worker must be able to benefit from the program, and approval of these programs should require a screening process that includes file review, interview and testing to determine the likelihood of success in the program. 7) The worker must be no more than two years past the date of injury. 8) A work hardening program should be completed in four weeks consequently or less. 9) Treatment is not supported for longer than one to two weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measured improvement in functional abilities. 10) Upon completion of a rehab program neither re-enrollment in nor repetition of the same or similar rehab program is medically warranted for the same condition or injury.

According to the Dictionary of Occupational Titles, a housekeeper only requires a physical demand level of light duty. The patient is already capable of performing any level comparable to her job description. 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)