

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: September 6, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 days of a multimodality Work Hardening program

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

MD, Board Certified Physical Medicine and Rehabilitation and Pain Management

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

Official Disability Guidelines and Treatment Guidelines, Work Hardening

Patient report of work duties dated 06/08/11

Functional abilities evaluation dated 06/08/11

Multidisciplinary work hardening plan and goals of treatment dated 06/09/11

Initial behavioral medicine consultation dated 06/09/11

History and physical dated 06/16/11

Work hardening program preauthorization request dated 06/29/11

7/29/11, 7/5/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xxxx. He injured his knee after losing his balance. Functional capacity evaluation dated 06/08/11 indicates that required PDL is medium and current PDL is light. Initial behavioral medicine consultation dated 06/09/11 indicates that treatment to date includes diagnostic testing and physical therapy. Medications include Tramadol and Ibuprofen. BDI is 28 and BAI is 20. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, acute. A request for work hardening was denied on 07/05/11. Reasons for denial included the explanation that the patient's workplace did not furnish a job explanation or demands. The requesting provider recommended a work hardening program not specific to any particular job. The insurance company denial was upheld in letter dated 07/29/11. The peer reviewer states that the issues raised by the initial review were not addressed. There was no additional documentation provided. Work hardening is job specific as opposed to generic conditioning exercises.

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

There is no comprehensive assessment of treatment completed to date and the patient's response thereto submitted for review to establish that this patient has undergone an adequate trial of physical therapy with improvement followed by plateau. There is no specific,

defined return to work goal agreed to by employer and employee. Work hardening is job specific and not for generic conditioning exercises. The requested work hardening program is reportedly not specific to any particular job. Based on the information provided, the patient does not meet criteria for work hardening as described in the ODG. There is not a medical necessity at this time for 10 days of a multimodality Work Hardening program.

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)