

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** September 9, 2011

**IRO CASE #:**

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

Outpatient work hardening program (WHP) times ten (10) sessions over two (2) weeks for a total of eighty (80) hours as related to the right knee

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

MD, Board Certified Physical Medicine and Rehabilitation

**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

Utilization review determinations 08/08/11, 08/17/11

Preauthorization request 08/01/11

Request for services 07/28/11

Office visit notes 07/29/11,07/22/11, 05/02/11, 03/08/11, 08/18/11, 08/04/11, 07/29/11, 07/28/11, 07/13/11, 06/30/11, 06/15/11, 06/01/11, 05/12/11, 04/27/11, 04/06/11, 03/30/11, 03/23/11, 03/21/11, 03/09/11, 02/23/11, 02/16/11, 02/09/11, 04/28/11, 06/14/11, 06/07/11, 02/11/11, 02/03/11

Peer review 04/06/11

Handwritten notes 02/11/11, 02/18/11, 03/11/11, 03/18/11, 03/25/11, 04/15/11, 04/29/11, 05/13/11, 05/20/11, 05/27/11, 06/03/11, 06/10/11, 06/17/11, 06/24/11, 07/01/11, 07/08/11, 07/15/11, 07/21/11, 06/14/11

Extremity testing 07/21/11, 06/14/11, 04/28/11, 02/11/11

Appeal for services 08/09/11

MRI right knee 02/11/11

Functional capacity evaluation 07/28/11

Psychological evaluation 07/28/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xx. The patient slipped on new carpet, lost her balance and fell forward landing on both knees. She completed a course of 12 PT sessions. Peer review dated 04/06/11 indicates that the mechanism of injury could have caused a meniscus tear. The patient is 66 inches tall and weighs 240 pounds. The peer reviewer notes that significant obesity would put additional stress on her knees and promote the evolution of degenerative changes. The patient underwent surgery to the right knee for

meniscus tear and ACL repair on 04/20/11 and has completed 24 postoperative physical therapy sessions to date. Note dated 07/22/11 indicates that the patient continues to report reduction of pain and improved range of motion; however, she continues to note increased pain with extended weightbearing, climbing stairs, and difficulty kneeling. The note states that "progress with treatment-rehab has not plateaued". Psychological evaluation dated 07/28/11 indicates that the patient refuses medications. Diagnoses are adjustment disorder with anxiety, chronic; and psychological factors affecting a general medical condition. Functional capacity evaluation dated 07/28/11 reports that required PDL is medium and current PDL is light.

A denial letter dated 08/08/11 states that the patient's occupation is not reported, the patient is not working, and it is unclear if there has been employer coordination for acceptance into a job on completion of the program. A response from the provider's office dated 08/09/11 states that the patient has not been terminated from her position and is expected to return to her previous employment upon completion of the work hardening program if she can meet her PDL. The denial was upheld on appeal dated 08/17/11 noting that no return to work goals are included.

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

The Official Disability Guidelines support a work hardening program when a patient has undergone an adequate course of physical therapy with improvement followed by plateau. The record includes a note dated 07/22/11 stating "progress with treatment-rehab has not plateaued." In addition to this, the psychosocial evaluation does not provide any psychometric testing results to support the reported diagnoses. There is no specific defined return to work goal agreed to by employer and employee submitted for review. Given the current clinical data, the requested Outpatient work hardening program (WHP) times ten (10) sessions over two (2) weeks for a total of eighty (80) hours as related to the right knee is not indicated as medically necessary. The ODG criteria for this program has not been satisfied.

#### **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)