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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: September/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening Program x 10 days/session trial (5 x 2 weeks)

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

M.D., Board Certified Family Practice

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 determination dated 08/09/11, 08/25/11

Letter dated 08/30/11

Work hardening program preauthorization request dated 08/04/11

Reconsideration for work hardening dated 08/17/11

Office visit note dated 06/27/11, 08/22/11, 07/25/11, 04/04/11, 03/07/11, 02/08/11, 01/11/11, 12/20/10, 12/06/10, 10/06/10, 09/08/10, 08/04/10, 07/07/10, 06/02/10, 05/19/10, 05/05/10, 06/23/10-10/11/10, 09/10/10, 09/08/10, 08/25/10, 08/23/10, 08/20/10, 08/18/10, 08/16/10, 08/13/10, 08/11/10, 08/09/10, 08/06/10, 08/04/10, 08/02/10, 07/30/10, 07/28/10, 07/26/10, 07/22/10, 07/16/10, 05/14/10, 05/24/11, 04/19/11, 03/22/11, 12/22/10, 11/08/10, 10/11/10, 06/07/11, 06/03/11, 05/26/11

Treatment encounter note dated 06/08/11

MRI lumbar spine dated 04/23/10

Radiographic reports dated 04/08/10

Electrodiagnostic results dated 06/04/10

MRI left lower extremity dated 12/14/10

MRI left knee dated 05/19/10

MRI thoracic spine dated 04/23/10

Operative report dated 12/31/10, 07/02/10

Consultation dated 12/20/10

PPE dated 06/21/11, 04/01/11, 02/11/11

Patient report of work duties dated 07/28/11

Work hardening plan and goals of treatment dated 07/28/11

Functional capacity evaluation dated 06/21/11, 04/01/11, 10/29/10, 09/02/10, 08/02/10

IRO dated 06/30/11

Impairment rating peer review dated 11/17/10

Designated doctor evaluation dated 11/04/10, 06/09/10

Assessment dated 07/28/11

consultation dated 07/28/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xxxx. On this date the patient picked up some trash and noticed some pain in the left lower quadrant of her abdomen that radiated to the left lower back. While cleaning, she had to lean way over, resting her left knee against tables and noted acute knee and back pain.

The patient underwent left knee arthroscopic partial medial and lateral meniscectomy on 07/02/10. Designated doctor evaluation dated 11/04/10 determined that the patient reached MMI as of this date with 14% whole person impairment. The patient subsequently underwent bilateral meniscectomies on 12/31/10. PPE dated 06/21/11 indicates that required PDL is light/medium. Functional capacity evaluation dated 06/21/11 states that the patient's current PDL is sedentary to light. Initial behavioral medicine consultation dated 07/28/11 notes that treatment to date includes diagnostic testing, surgical intervention x 2, physical therapy and medication management. Current medication is Ibuprofen. BDI is 16 and BAI is 14. The note states that the mild endorsements on Beck scales appear incongruent with her clinical presentation. Diagnosis is pain disorder with both psychological factors and a general medical condition.

The request for work hardening was denied on 08/09/11. The patient provided inconsistent and submaximal effort during functional capacity evaluation. This denial was upheld on appeal on 08/25/11 noting that the patient has documented evidence of inconsistent submaximal effort on the functional capacity evaluation dated June 2011 and has been noted to be performing at a sedentary/light PDL. It appears that the patient's submaximal effort put the patient incorrectly at a lower physical demand level and the patient may in fact be qualified for the patient's current pre-injury employment of the light/medium physical demand position. The patient has several factors including evidence of mild anxiety and depression that would be negative predictors of success for a work hardening program.

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

According to the records, this patient provided inconsistent and submaximal effort during performance of a functional capacity evaluation on 06/21/11. Additionally, the initial behavioral medicine consultation dated 07/28/11 indicates that the patient's mild endorsements on Beck scales appear incongruent with her clinical presentation; however, there is no indication that the patient has undergone psychometric testing with validity measures to establish the validity of the patient's subjective complaints. Based on this information, the reviewer finds there is no medical necessity at this time for Work Hardening Program x 10 days/session trial (5 x 2 weeks).

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)