

Notice of Independent Review Decision

DATE OF REVIEW: 01/05/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening, ten (10) sessions, 8 hrs/day.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., Diplomate, Congress of Chiropractic Consultants, 26 years of active clinical chiropractic practice.

REVIEW OUTCOME:

_____ Upheld (Agree)

__XX__ Overturned (Disagree)

_____ Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
550.9	97545		Prosp.						Overturn
550.9	97546		Prosp.						Overturn

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of the reviewer and TDI case assignment.
2. TDI case assignment.
3. Letters of denial 11/04/11, 10/10/11 & 06/20/11, including criteria used in the denial.
4. Evaluation 06/02/11.
5. Evaluation 08/31/11.
6. Daily progress & therapy notes 03/29/11 – 08/25/11.
7. Benefit review conference report 09/21/10, and TDI Order 01/05/11.
8. Rehab evaluations and follow up 06/10/11, 09/30/11 & 10/18/11

SUMMARY OF INJURED EMPLOYEE'S CLINICAL HISTORY:

The records indicate the patient was injured on the job on xx/xx/xx, while picking up boxes and loading a truck. He did not have surgical hernia repair until April 2011. Since surgery, he has participated in six (6) sessions of physical therapy. (ODG guidelines do not recommend physical therapy prior to surgery.) This treatment helped the patient; however, he has plateaued in this

area. He was not able to progress from medium demand classification to his job-required very heavy-duty classification. He is able to perform activities around his home that fall within the medium level classification.

Records indicate that in order for him to return to work he must be able to lift/carry up to 100 pounds, climb and stand for prolonged periods. Being out of work for almost two years, he is de-conditioned and currently unable to fulfill these job requirements. Psychological testing revealed symptoms of depression and anxiety from ongoing pain, his current limitations, and is inability to return to his previous job level.

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

The records provide sufficient documentation and clinical justification indicating the need for this patient to participate in a multi-disciplined work hardening program. He has met the criteria of admission to such a program.

The work hardening program, ten (10) session eight (8) hours per day, is reasonable, customary and medically necessary for the treatment of this patient's work-related injury. This program will all the worker the best opportunity to return to work in his former occupation.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)