

SENT VIA EMAIL OR FAX ON
May/08/2012

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/08/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of work hardening to the left knee

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

Anesthesiology/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

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 04/10/12, 04/23/12

Letter dated 04/27/12

Rehab re-evaluation dated 03/19/12

Work hardening program preauthorization request dated 04/05/12

Patient report of work duties

Functional capacity evaluation dated 03/20/12

Follow up note dated 03/28/12

Work hardening plan and goals of treatment dated 04/02/12

Initial behavioral medicine consultation dated 04/02/12

Reconsideration dated 04/18/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was sitting in a

chair when his immediate supervisor pulled the chair out from underneath him. When he braced himself for the fall, he injured his knee by twisting it. Functional capacity evaluation dated xx/xx/xx indicates that required PDL is heavy and current PDL is medium. Rehab re-evaluation dated 03/19/12 indicates that diagnosis is left knee sprain/strain. The patient has completed 12 sessions of physical therapy to date. Left knee range of motion is full. There is some mild pain and slight crepitus on left McMurray's. There is no appreciable swelling and no tenderness noted. Initial behavioral medicine consultation dated 04/02/12 indicates that current medication is Motrin. BDI is 28 and BAI is 31. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, chronic.

Initial request for 80 hours of work hardening was non-certified on 04/10/12 noting that in this care there appear to be no objective findings for the left knee. There are no diagnostic imaging findings for the left knee. X-rays were noted as normal and there appears to be no indication for an MRI of the knee. Per 03/19/12 exam, deep tendon reflexes are normal, sensation is intact, strength is 5/5 and range of motion is full for flexion and extension. There is no indication that the patient has reached a plateau. There is also no indication if the patient is compliant with a home exercise program. There is no agreed plan by the employer and employee for return to work, and in fact the patient was released by his employer. Reconsideration dated 04/18/12 indicates that the patient has reached a plateau and made satisfactory progress up to this point. The denial was upheld on appeal dated 04/23/12 noting that there are no objective findings for the left knee. There are no recent diagnostic imaging findings for the left knee. X-rays were noted as normal and there appears to be no indication of an MRI of the knee.

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

Based on the clinical information provided, the request for 80 hours of work hardening to the left knee is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained a left knee sprain/strain on the date of injury which should have resolved at this time. The patient's physical examination is unremarkable with full range of motion, intact sensation, normal deep tendon reflexes and 5/5 strength. The patient's compliance with an active home exercise program is not documented. X-rays of the left knee are normal. There is no specific defined return to work goal provided, and it does not appear that the patient has a job to return to at this time. Given the current clinical data, the requested work hardening is not indicated as medically necessary.

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