



Notice of Independent Review Decision
AMENDED REPORT
Omitted treatment or services in dispute

REVIEWER'S REPORT

DATE OF REVIEW: 11/06/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
 104 hours (13 sessions) of work hardening.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
 M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering degenerative disc disease

REVIEW OUTCOME:
 Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
			Prosp.					11230799	Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 09/21/12 and 10/11/12, including the criteria used in the denial.
3. Pre-authorization request 09/18/12, and pre-authorization reconsideration request 10/04/12.
4. Reassessment for work hardening 09/13/12.
5. Job description.
6. Evaluation 05/18/12, treating doctor.
7. Physical Performance Evaluation 09/13/12.
8. Physical Performance Evaluation 08/02/12.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant is a male maintenance man for a local property company. He suffered multiple injuries in a fall, or near fall, down an embankment. He has undergone surgical procedures including a left shoulder subacromial decompression on 04/24/12 and an anterior cruciate ligament surgery on the knee. He has undergone physical therapy after his surgical procedures and, most recently, has completed 56 hours of work hardening in an effort to restore function sufficient to allow his return to work. Apparently, he is reportedly continuing to function at a level that does not satisfy the work demands of his job as a maintenance man. The current request is for an additional 104 hours of work hardening to be provided in thirteen sessions. This request was considered and denied; it was reconsidered and denied.

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

The prior denials of this request to provide an additional 104 hours of work hardening were appropriate and should be upheld. The claimant has received the appropriate physical therapy after surgical procedures on the left shoulder and an anterior cruciate ligament repair of his knee. In addition, the claimant has received an ample protocol of treatments as work hardening. It would not appear that additional work hardening is appropriate. The claimant can continue with a home exercise and strengthening program in an unsupervised fashion.

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.)