

Notice of Independent Review Decision

**REVIEWER'S REPORT**

**Date notice sent to all parties:** September 24, 2012

**IRO CASE #:**

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

Work hardening X 10 Days

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

D.C., Diplomate, Congress of Chiropractic Consultants, 27 years of active clinical chiropractic 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)

<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>
927.20	WHOWC		Prosp.				Xx/xx/xx		Overturn

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. TDI case assignment.
2. Letters of denial 08/27/12 & 08/09/12, including criteria used in the denial.
3. Physician Advisor Report 08/09/12.
4. Preauthorization reconsideration request 08/21/12.
5. Hand & wrist clinical note 08/06/12.
6. Psychological diagnostic interview & request for work hardening 07/31/12.
7. Functional Capacity Evaluation 07/16/12.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The records indicate the patient was injured on the job on xx/xx/xx. He has been properly evaluated and treated for this job-related injury. He has undergone surgical repair and completed a physical therapy program.

FCE and psychological testing placed him in medium job classification; however, his occupation requires him to be able to perform at a heavy job classification. Specific area of concern revealed significant right grip weakness which could provide an unsafe working environment. His employer has provided a job offer once the patient has been released and is able to perform at a heavy job classification.

On 06/06/12, the patient was at MMI and was released to return to work with no restrictions as of 07/24/12. No records were provided as to how the surgeon arrived at his decision. The treating doctor disagrees with this decision. The FCE on 07/16/12 does indicate some areas of improvement; however, patient restrictions remain. Even though the patient was placed at MMI, additional treatment is needed.

The records indicate he has physical limitations, and he also has psychological symptoms, including but not limited to anxiety, depression, difficulty adjusting to his injury, financial difficulties and moderate level of fear avoidance regarding the work duties and activities.

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

Even though the patient was placed at MMI, additional treatment is needed and is allowed by the TDI/DWC. A work conditioning program would not address the psychological issues the patient is experiencing that are work related. The psychological testing reveals no specific issues that would prohibit him from participating in a work hardening program.

The records provide sufficient documentation and clinical justification for this patient to participate in a multi-disciplined work hardening program as requested. He has met the criteria of admission to such a program. Work hardening X 10 days is reasonable, usual, customary and medically necessary for the treatment of this patient's work-related injury.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
  - 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)
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