

Notice of Independent Review Decision

DATE OF REVIEW: 08/22/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

97545 Work Hardening Program: initial 2 hrs,
97546 Work Hardening: each add'l hour
(80 hours of Work Hardening Program)

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

The TMF physician reviewer is a licensed chiropractor with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the 97545 Work Hardening Program: initial 2 hrs, 97546 Work Hardening: each add'l hour' (80 hours of Work Hardening Program) is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information requesting a review by an IRO – 08/09/12
- Adverse Determination Letter from– 07/02/12, 07/25/12
- Adverse Determination Letter from - Amended 08/08/12
- Pre Authorization Request from Dr. for additional session of Work Hardening – 07/19/12
- Report of team meeting from Rehabilitation – 05/01/12 to 06/18/12
- Reconsideration Request from Rehabilitation – 07/15/12

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx resulting in injury to the right ankle. The diagnosis provided by Rehabilitation is status post ORIF, right ankle and right lower extremity neuropathy. The patient has participated in a work hardening program and there is a request for additional sessions of a work hardening program.

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

The medical record documentation indicates that the patient has progressed to a medium postures of daily living (PDL), which is the same PDL required for normal work duties. No specific job duties or descriptions were provided in the records to indicate that his specific job requirements are above and beyond those accepted within the DOT and medium PDL.

The patient has had appropriate and sufficient treatment for his work related injury. Since he has undergone physical therapy, post-operative physical therapy and ten sessions of a work hardening program, he should have been properly instructed in an aggressive home exercise program. Based upon his records and his current condition, this injured employee has recovered sufficiently to be able to return to his normal occupational duties .

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 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)