



Southwestern Forensic  
Associates, Inc.

Notice of Independent Review Decision  
**IRO REVIEWER REPORT**

**DATE:** August 21, 2012

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

10 additional days of work hardening

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

Licensed chiropractor with 20 years' experience in the treatment of occupational injuries

**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)

The reviewer finds medical necessity for the requested ten additional days of work hardening.

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

1. URA notes, 7/2/12 to 7/25/12
2. Office notes and FCE's, 1/30/12 to 6/28/12
3. Office notes, 3/23/12 to 6/14/12
4. Operative report, 12/13/11

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was injured in his job. Records indicate that his right hand slipped and hyperextended the right wrist/arm, causing an immediate onset of serious pain. He eventually underwent surgery for the repair of the elbow and TFCC. He has since undergone ongoing physical therapy and 10 sessions of work hardening. Records

indicate that his lifting capacity has increased to about half what is necessary for him to return to the type of position he performed in the past.

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

The patient has shown a marked improvement with the work hardening program and records indicate a pattern of compliance and effort by the patient. ODG's indicate that work hardening is appropriate for cases such as this patient where he has been off work for an extended period. The FCE's that have been performed do indicated that progress was definitely made in the first 10 sessions and as a result the request for the remainder of the program is considered to be both reasonable and necessary.

**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 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.)