



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review

DATE NOTICE SENT TO ALL PARTIES: 11.26.13

IRO CASE #:

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

Texas Licensed M.D., board certified in Orthopedics

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening Program

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- X** 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>
717.9 836.0			Prosp. Prosp.				Xx/xx/xx Xx/xx/xx		Upheld Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. referral forms.
2. Adverse determination letter, 09/17/13.
3. Reconsideration, 11/01/13.
4. preauthorization request for work hardening.
5. Therapy prescriptions, 09/16/13 and 10/04/13.
6. Psychosocial screen, 09/04/13,
7. Clinical notes, 08/28/13, with Functional Capacity Evaluation and five entries between 07/19/13 and 09/10/13.
8. Initial physical therapy evaluation, PT, 05/28/13.

PATIENT CLINICAL HISTORY (SUMMARY):

The injured employee suffered a direct blow injury to his left knee on xx/xx/xx. In addition to the direct blow injury, he suffered a twisting injury to the left knee. He was initially treated for a left knee contusion and subsequently internal derangement of the knee. His treatment initially included physical therapy, medication, and activity restriction. In May 2013, he underwent surgical exploration of the left knee. He has not returned to work subsequent to xx/xx/xx. The injured employee has minimal symptoms which are residual; however, he still is unable to return to work and a work hardening program has been recommended. The work hardening program was considered for preauthorization and such was denied. It was reconsidered and denied.

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

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This injured employee has not been gainfully employed for more than two years. As such, the likelihood of his return to gainful employment is significantly diminished. Furthermore, his psychosocial evaluation indicated that he suffers anxiety and depression and may be subtly noncompliant. As such, it would appear that denial of the request to preauthorize work hardening was appropriate and should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION: *(NOTE: must always check ODG Guidelines for workers' comp cases)*

- 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-Office 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)