

# Core 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Dec/03/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** add'l work hardening program x 10 sessions at 8 hours a day

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified Physical Medicine and Rehabilitation and Pain Medicine

**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 medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that the request for add'l work hardening program x 10 sessions at 8 hours a day is not recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines  
Clinical notes 01/02/13  
Clinical notes 01/31/13  
Clinical notes 02/28/13  
Clinical notes 04/03/13  
Clinical notes 04/30/13  
Clinical notes 07/08/13  
Clinical notes 09/23/13  
Clinical notes 10/08/13  
Clinical notes 10/17/13  
Clinical notes 10/24/13  
Clinical notes 10/28/13  
Functional clinical note 08/30/13  
Initial consultation 11/02/12  
X-ray report left knee 10/23/12  
MRI left knee 11/30/12  
Adverse determinations 10/24/13 and 11/08/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female who reported an injury on xx/xx/xx when she had a slip and fall. The patient was immediately brought to the hospital where x-rays of the left ankle and knee revealed soft tissue swelling and superior and inferior patellar enthesophytes. No evidence of acute fracture or dislocation was noted. Small osseous density was noted at the left ankle along the dorsal navicular which reflected an evulsion fracture. The patient was provided with opioid medications. However the note

indicated the patient having an allergic reaction to the hydrocodone which was subsequently discontinued. Upon exam the patient had 3+ reflexes at the patellar tendon on the left. All other reflexes were within normal limits. Pain was elicited upon palpation at the medial joint line of the left knee. Strength deficits were noted throughout the left lower extremity. Clinical note dated 01/02/13 indicated the patient undergoing physical therapy with no significant improvement. Upon exam the patient demonstrated 0-95 degrees of range of motion at the left knee. The patient was provided with an injection at this time. The patient was recommended for non-steroidal medications and ongoing conservative treatment. Clinical note dated 04/03/13 indicated the patient completing a functional capacity evaluation on 03/05/13. The patient performed at a light physical demand level. The patient utilized a knee brace at this time.

Clinical note dated 04/30/13 indicated the patient continuing with tenderness along the medial and lateral aspect of the patella. The patient was able to demonstrate 0-115 degrees of range of motion at the left knee. Tenderness continued at the medial and lateral joint line. McMurray sign was mildly positive. Physical performance evaluation on 08/30/13 indicated the patient continuing with light medium physical demand level. Physical demand level for a special needs teacher required heavy physical demand level. Work hardening program note dated 10/17/13 indicated the patient performing at a medium physical demand level. BDI was 21 and BAI was 13. The patient was recommended for additional 10 work hardening program sessions. The patient completed a course of 24 physical therapy sessions to date. The patient worked at a modified and restricted duty. The patient was motivated to return to full duty. Weakness continued throughout the left lower extremity specifically at the quadriceps, hamstrings, and gastrocnemius rated as 4+/5. The clinical note dated 10/24/13 indicated the patient continuing with modified duties at her workplace. Previous utilization review dated 10/24/13 resulted in a denial for an additional 10 work hardening sessions as there was a lack of information confirming a sufficiently positive response to functional gains through the initial course of treatment. Utilization review dated 11/08/13 resulted in denial for additional 10 work hardening sessions as the patient made minimal changes through the first 10 sessions of a work hardening program.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation submitted for review notes the patient complaining of left knee pain. The documentation further mentions the patient able to perform at a medium physical demand level. Inclusion into a second segment of a work hardening program would be indicated provided that the patient meets specific criteria, including demonstration of significant progress through the initial course of treatment. The patient is noted to have made minimal gains through the initial work hardening program segment. Her current occupational physical demand level is heavy whereas she is able to perform at a medium physical demand level. Clinical notes indicated the patient making minimal gains from a light medium physical demand level. It is unclear at this time how the patient will benefit from additional two weeks of treatment having made minimal progress in regards to her physical demand level through the initial two weeks of treatment. Given the minimal gains made through the initial course of treatment this request is not indicated. As such, it is the opinion of the reviewer that the request for add'l work hardening program x 10 sessions at 8 hours a day is not recommended as medically necessary.

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

ACOEM-AMERICA 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)