

AccuReview

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Notice of Independent Review Decision

[Date notice sent to all parties]: November 22, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening 5xWk x 2Wks x80 hrs Left Leg/Knee 97545 97546

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

This physician is a Board Certified Rehabilitation and Physical Medicine Physician with over 22 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

03-26-13: Initial Behavioral Medicine Assessment
04-12-13: Operative Note at Medical Center
04-22-13: Follow-up Visit
05-08-13: Follow-up Visit
05-29-13: Follow-up Visit
06-12-13: Re-Evaluation
06-19-13: Individual Psychotherapy Treatment
08-06-13: Initial Work Hardening Program Evaluation
08-06-13: History and Physical
08-06-13: Multidisciplinary Work Hardening Plan & Goals of Treatment
08-08-13: Request for Services
08-14-13: Physical Performance Evaluation
08-22-13: Work Hardening Program Pre-Authorization Request
09-09-13: Physical Performance Evaluation

09-10-13: Reassessment for Work Hardening Program Continuation
09-18-13: Work Hardening Program Pre-Authorization Request
09-23-13: UR performed
10-07-13: Reconsideration: Continuation Work Hardening Program Pre-Authorization Request
10-30-13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is male that sustained a work related injury to left knee and left leg on xx/xx/xx. He felt a snap in his left knee and felt immediate pain. He was evaluated and treated at a hospital where x-rays were taken and a brace was put on. The next day he was seen where ordered an MRI of his left knee. He was released to work with restrictions, and due to his employer being unable to accommodate office work he was terminated.

03-26-13: Initial Behavioral Medicine Assessment dictated. Present Medication: one pain medication taking BID, unknown name. Description of pain: Pain currently rated at 6/10. Claimant rates his various pain levels as follows: with medication: 6-8, without medication: 8-9, at its worst: 10, and his average daily pain as 7/10. The claimant describes a numbing pain on the back of his left knee/leg. He gets cramps throughout the day. When asked to quantify the level of interference his pain has on his recreational, social and familial activities, he rates all as 9/10; for pain interference with normal activities as 9/10; and change in ability to work, 9/10. Lifestyle changes related to injury: The claimant reported difficulty with the following activities of daily living since his injury: self-grooming/self-care, performing household chores, cooking, exercising, standing, walking, bending, squatting, climbing stairs, reaching, and lifting/carrying objects. The claimant rated his level of overall functioning in life prior to the injury at 100% and rated his current level of functioning at 0%. Interpersonally, the claimant described unwanted changes in his relationship as feeling lonely and described unwanted changes in his self-perception including feeling more sentimental. The claimant endorsed both initial and sleep maintenance insomnia (difficulty falling asleep, 3 or more awakenings per night due to pain, and early morning awakening). Multiaxial Diagnosis: Axis I: 296.22 Major Depressive Disorder, Single Episode, Moderate; Axis II: V71.09, no diagnosis; Axis III: Injury to left leg and knee – See medical records; Axis IV: Primary Support Group, Economic, and Occupational Problems; Axis V: GAF: current 57; Estimated pre-injury: 80. Determined that the work accident pain and ensuing functional limitations have caused the claimant's disruption in lifestyle, leading to poor coping and maladjustment and disturbances in sleep and mood. The claimant appears to have been functioning independently prior to the work injury of DOI: xx/xx/xx. Treatment Recommendation & Objectives: Claimant will report decreasing overall pain level from 6-8 to 2 or below by increasing practice of pain control strategies, self-hypnosis, abdominal breathing, positive/calming thoughts, and/or relaxation techniques for 10 minutes, 2 times per day. Reduce fear avoidance behavior and encourage claimant to engage in activities of daily living. Encourage pacing of activities and modification of activities. The claimant should receive immediate

authorization for participation in a low level of individual psychotherapy for a minimum of 6 weeks.

04-12-13: Operative Note. Preoperative Diagnosis: Internal derangement, torn anterior cruciate ligament, left knee. Postoperative Diagnosis: Complete tear anterior cruciate ligament, left knee.

04-22-13: Follow-up Visit. Post-op ACL reconstruction, portal sites are healing well; sutures removed. Plan: start physical therapy, continue crutches and brace. Return in two weeks, return to work with restrictions. Continue pain medication, ice and elevate, no driving, and therapy,

05-08-13: Follow-up Visit. Claimant received approval for physical therapy and will start tomorrow. Plan: continue light duty work, desk work only; follow up in three weeks. Claimant to continue crutches and brace with full ROM, partial weight bearing left leg.

05-29-13: Follow-up Visit. Noted swelling has gone down tremendously. He is currently working with PT. He can go back to light duty, desk work only, but he does not have transportation and his company is unwilling to provide transportation. Plan: continue PT, recheck in one month.

06-12-13: Re-Evaluation. Chief complaint: post operative left knee pain. PE: hamstring reflex bilaterally was 2+/5; patella reflex on the left was 2/5; patella reflex on the right was 2+/5; Achilles reflex done bilaterally was a 2+/5. Babinski sign was absent on the left, bounce Horne test was positive on the left, McMurray's sign was present on the left; knee flexion stress test was positive on the left. Evaluation of the dermatomes utilizing a pin wheel revealed all dermatomes tested normal except left L4 hyperesthesia. Review of systems: Musculoskeletal: current complaints include joint pain and joint swelling.

06-19-13: Individual Psychotherapy Treatment. Current Medications: hydrocodone 10/325 PO Q6-8 hours (now only at night), Naprosyn 500mg BID (he doesn't take anymore). Multiaxial Diagnosis: Axis I: 296.22 Major Depressive Disorder, Single Episode, Moderate; Axis II: V71.09, no diagnosis; Axis III: Injury to left leg and knee – See medical records; Axis IV: Primary Support Group, Economic, and Occupational Problems; Axis V: GAF: current 59; Estimated pre-injury: 80. Claimant has completed 6 of 6 authorized sessions of IPT. He has been very responsive to treatment and benefited from limited treatment. He has experienced improvement emotionally since beginning IPT. Summary of gains made: Claimant reported gains in therapy. He realized he was stressing himself out too much and he now utilizes distraction techniques. He paces himself doing chores. Uses breathing techniques, listen to relaxation CD, and reads sleep hand out which includes tips on how to sleep better. He hopes to attend ESL classes once he no longer needs to use crutches. Treatment plan recommendations: continue IPT 1 * 4. Goals for additional treatment: claimant will report decreasing overall pain level from 6 to 2 or below by increasing practice of pain control strategies, self-hypnosis, abdominal breathing, positive/calming

thoughts, and/or relaxation techniques for 10 minutes, 2 times per day. Continue to help him reduce fear avoidance behavior and encourage engaging in activities of daily living pacing activities and encourage modification of activities.

08-06-13: Initial Work Hardening Program Evaluation. Multiaxial Diagnosis: Axis I: 307.89 Pain Disorder Associated with Both Psychological and General Medical Condition, chronic; Axis II: V71.09, no diagnosis; Axis III: Injury to left leg and knee – See medical records; Axis IV: Primary Support Group, Economic, and Occupational Problems; Axis V: GAF: current 64; Estimated pre-injury: 80. Treatment Recommendation/Plan: Claimant should participate in a work hardening program as claimant has exhausted conservative treatment yet continues to struggle with pain and functional problems that pose difficulty to his performance of routine demands of living and occupational functioning. He has completed 10 sessions of IPT, he has had ACL reconstruction surgery of his left knee 4/12/13 he has completed 24 post-operative PT sessions. Recommend participation in work hardening program in order to increase his physical and functional tolerances and to facilitate safe and successful return to work.

08-06-13: History and Physical. Chief complaint: pain in left knee and seems to buckle on him sometimes. PE: Structural Exam: Examination left knee reveals well-healed surgical scars. He keeps the knee wrapped in an Ace bandage. He is a little bit guarded with his gait presumably because he is afraid that his knee will buckle on him. Impression: 1. Left knee instability in need of rehabilitation. Plan and Recommendations: Claimant would appear to be a good candidate for a functional restoration program, with no contraindications to participating in the program.

08-08-13: Request for Services. Services Requested: Functional Restoration/Return to Work Program; special comments: FRP.

08-14-13: Physical Performance Evaluation. Claimant has been diagnosed with: 717.9 internal derangement knee NOS, 728.89 muscle/ligament DIS NEC, 729.2 neuralgia/neuritis NOS by referring physician: left knee. Current Job Description: Very Heavy PDL. Assessment: Claimant cannot safely perform the job demands on comparative analysis between the required job demands and the current outcomes. Recommendations: 1. Claimant should continue care with treating doctor to help claimant's condition, minimize and correct as well as reduce muscle spasms, decrease joint adhesion, increase ROM and decrease perception of pain. 2. Any referrals the treating doctor feels is necessary that will help claimant's condition. 3. According to the objective data the claimant would greatly benefit from participation in a 4-6 week Work Hardening program which is designed according to the injury, to address the evaluatee's physical and behavioral deficits, to improve tolerance to work related positions, increase ROM, decrease pain, increase strength, educate, and help each individual to hopefully avoid any future injuries. 4. According to the objective findings from testing including PILE lifting, static lifting, the clinical examinee, and all other activities previously mentioned in this report; it is my opinion that this claimant does not meet the requirements, safety and performance ability to do their job safely, effectively, and confidently

(without restrictions). The claimant is not capable of performing their job duties (without restrictions) until they demonstrate objective improvement and the ability to perform safely and efficiently a their place of employment.

08-22-13: Work Hardening Program Pre-Authorization Request. Current PDL: medium, Required: heavy PDL. Claimant has shown modest improvement with outpatient physical therapy modalities and we are now recommending progression to a Work Hardening Program for progress to continue to be achieved.

09-09-13: Physical Performance Evaluation. Assessment: 1. Claimant has made objective improvements in the following area since last evaluation ROM. 2. The claimant has made objective improvements in the following area since the last evaluation dynamic lifting. 3. The claimant cannot safely perform their job demands based on comparative analysis between their required job demands and their current evaluation outcomes. Recommendations: 1. Referrals from treating doctor; 2. Continued care to address residual deficits and possible aggravation of current condition on a needed basis; 3. Recommend work hardening program to address physical and behavioral deficits to improve tolerance to work-related positions, increase ROM, decrease pain, increase strength, educate and help claimant avoid future injury; 4. The claimant is not capable of performing their job duties (without restrictions) until they demonstrate objective improvement and the ability to perform safely and efficiently a their place of employment.

09-10-13: Reassessment for Work Hardening Program Continuation. Multiaxial Diagnosis: Axis I: 307.89 Pain Disorder Associated with Both Psychological and General Medical Condition, chronic; Axis II: V71.09, no diagnosis; Axis III: Injury to left leg and knee – See medical records; Axis IV: Primary Support Group, Economic, and Occupational Problems; Axis V: GAF: current 64; Estimated pre-injury: 80. Claimant still has a position available. Treatment Recommendation/Plan: Concur with recommendation to participate in a Work Hardening Program as the claimant has exhausted conservative treatment yet continues to struggle with pain and functional problems that pose difficulty to his performance of routine demands of living and occupational functioning. Recommend that the claimant be approved for continued participation in the Work Hardening Program in order to further increase physical and functional tolerances and to facilitate a safe and successful return to work.

09-18-13: Work Hardening Program Pre-Authorization Request. Functional Capacity Evaluation (Pre-WHP, Current): knee extension right: 17.5, 18.1 3% improvement; pull: 53.7, 57.2 7% improvement; max occasional lift: 40, 50 25% improvement; max frequent lift: 25, 30 20% improvement. Pre-WHP PDL: MEDIUM (40 lbs occasional/25 lbs frequent), Current PDL: MEDIUM (50 lbs occasional/30 lbs frequent), Required PDL: HEAVY. Claimant has shown moderate improvement up to this point with the initial 10 day trial of the WHP. We are now recommending 10 additional days of care in the WHP for additional progress to be achieved. Expected that the claimant will regain full-duty status upon completion of the program.

09-23-13: UR performed. Reason for Denial: The claimant is a, who was injured on xx/xx/xx, claimant to fall to the ground. The claimant was diagnosed with an anterior cruciate ligament and lateral collateral ligament injury. The claimant eventually underwent an anterior cruciate ligament reconstruction on April 12, 2013. An MRI study was obtained of the knee prior to surgical intervention on February 28, 2013, and documented partial tearing of the lateral collateral ligament and bone bruising to both the medial and lateral femoral condyles. The claimant was also noted to have some abnormalities of the anterior cruciate ligament supporting a possible anterior cruciate ligament tear. The claimant underwent postoperative physical therapy sessions and has also initiated a work hardening program. A Beck Depression Inventory score of 11 and a Beck Anxiety Inventory score of 7 were documented by a psychological evaluation indicating only minimal findings of anxiety or depression. A functional capacity evaluation from August 14, 2013, documented the claimant to be at a medium physical demand level. The claimant was able to lift 40 pounds occasionally and 25 pounds frequently. Following completion of 10 sessions of a work hardening program on September 18, 2013, it was noted that the claimant had been terminated from his position. The claimant was still to be at a minimum physical demand level, but could lift 50 pounds occasionally and 30 pounds frequently. The claimant would require a heavy PDL to return to the previous job. This is a request for 80 additional hours of a work hardening program for the left knee. Based on the treatment guidelines, a trial supported for one to two weeks, but there must be documented evidence of compliance and significant gains. The claimant has not gained any significant gains and is still at a medium PDL. There has been minimal gain and ability to lift occasionally and frequently but again, no change in overall PDL. Another issue is the fact that the claimant has been terminated from his previous job therefore it is uncertain what the new physical demand level needs to be for whatever position he may find next, the medical necessity of exceeding treatment guidelines with additional work hardening when there has not been sufficient gains and there is not any significant psychological issues going on does not appear medically indicated at this time. Based on treatment guidelines, there must be a documented plan to return to work activities. Although, a PDL has been documented the PDL the claimant needs to be at in the future is undetermined since he has been terminated from his previous position. Based on all the above factors and minimal gain and no change in overall PDL with the previous functional capacity evaluation following participation of work hardening program, the treating provider's request for 80 additional hours of work hardening program is non-certified.

10-07-13: Reconsideration: Continuation Work Hardening Program Pre-authorization request. The claimant was unable to perform light duty tasks at his work so he was terminated. He hopes to reapply and if unable to return to work here he hopes to work as a laborer for a company that his friend works for. Claimant is not currently taking any medications and no longer wearing Ace bandage, walking more confidently/normal. Current PDL: medium; required PDL: heavy.

10-30-13: UR performed. Reason for denial: Updated medical records include a letter of reconsideration dated 10/7/13. In this letter, it was noted that the claimant hoped to reapply to his previous job. If he is unable to return to work there, the claimant hopes to work as a laborer for a company that his friend works for. The letter recounted the gains made with previous work hardening program. It specifically noted 3 percent improvement with knee extension, 7 percent improvement with pulling, 25 percent improvement in maximum occasional lift and 20 percent improvement in frequent lift. The claimant was no longer taking any medications and walks more confidently/normal. The letter of reconsideration also stated that the claimant is expected to regain full-duty status upon completion of the program. As noted in the previous peer review, the claimant's overall PDL had not changed and stayed in the medium PDL category. He also remained to have minimal range depression and moderate range anxiety. Although the letter of reconsideration noted that the claimant intends to re-apply to his previous job or to work as a laborer in another company, a return-to-work goal with documented mismatch of specific essential job tasks and the claimant's ability to perform these required tasks is not provided. In agreement with the previous determination, the medical necessity of the continued work hardening (80 hours, five times a week for two weeks) for the left leg/knee is not established.

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

Denial of additional 80 hours of work hardening is upheld and agreed with. After 10 sessions, there have been minimal objective gains in function, remaining at MEDIUM level of physical capabilities and normalized psychometric testing. Per ODG guidelines criteria, "Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities." Therefore, after reviewing the medical records and documentation provided, the request for Work hardening 5xWk x 2Wks x80 hrs Left Leg/Knee 97545 97546 is not medically necessary and denied.

Per ODG:

<p>Work conditioning, work hardening</p>	<p>Criteria for admission to a Work Hardening (WH) Program: (1) <i>Prescription:</i> The program has been recommended by a physician or nurse case manager, and a prescription has been provided. (2) <i>Screening Documentation:</i> Approval of the program should include evidence of a screening evaluation. This multidisciplinary examination should include the following components: (a) History including demographic information, date and description of injury, history of previous injury, diagnosis/diagnoses, work status before the injury, work status after the injury, history of treatment for the injury (including medications), history of previous injury, current employability, future employability, and time off work; (b) Review of systems including other non work-related medical conditions; (c) Documentation of musculoskeletal, cardiovascular, vocational, motivational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist (and/or assistants); (d) Diagnostic interview with a mental health provider; (e) Determination of safety issues and accommodation at the place of work injury. Screening should include</p>
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	<p>adequate testing to determine if the patient has attitudinal and/or behavioral issues that are appropriately addressed in a multidisciplinary work hardening program. The testing should also be intensive enough to provide evidence that there are no psychosocial or significant pain behaviors that should be addressed in other types of programs, or will likely prevent successful participation and return-to-employment after completion of a work hardening program. Development of the patient's program should reflect this assessment.</p> <p>(3) <i>Job demands</i>: A work-related musculoskeletal deficit has been identified with the addition of evidence of physical, functional, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands. These job demands are generally reported in the medium or higher demand level (i.e., not clerical/sedentary work). There should generally be evidence of a valid mismatch between documented, specific essential job tasks and the patient's ability to perform these required tasks (as limited by the work injury and associated deficits).</p> <p>(4) <i>Functional capacity evaluations (FCEs)</i>: A valid FCE should be performed, administered and interpreted by a licensed medical professional. The results should indicate consistency with maximal effort, and demonstrate capacities below an employer verified physical demands analysis (PDA). Inconsistencies and/or indication that the patient has performed below maximal effort should be addressed prior to treatment in these programs.</p> <p>(5) <i>Previous PT</i>: There is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Passive physical medicine modalities are not indicated for use in any of these approaches.</p> <p>(6) <i>Rule out surgery</i>: The patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery).</p> <p>(7) <i>Healing</i>: Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.</p> <p>(8) <i>Other contraindications</i>: There is no evidence of other medical, behavioral, or other comorbid conditions (including those that are non work-related) that prohibits participation in the program or contradicts successful return-to-work upon program completion.</p> <p>(9) <i>RTW plan</i>: A specific defined return-to-work goal or job plan has been established, communicated and documented. The ideal situation is that there is a plan agreed to by the employer and employee. The work goal to which the employee should return must have demands that exceed the claimant's current validated abilities.</p> <p>(10) <i>Drug problems</i>: There should be documentation that the claimant's medication regimen will not prohibit them from returning to work (either at their previous job or new employment). If this is the case, other treatment options may be required, for example a program focused on detoxification.</p> <p>(11) <i>Program documentation</i>: The assessment and resultant treatment should be documented and be available to the employer, insurer, and other providers. There should be documentation of the proposed benefit from the program (including functional, vocational, and psychological improvements) and the plans to undertake this improvement. The assessment should indicate that the program providers are familiar with the expectations of the planned job, including skills necessary. Evidence of this may include site visitation, videotapes or functional job descriptions.</p> <p>(12) <i>Further mental health evaluation</i>: Based on the initial screening, further evaluation by a mental health professional may be recommended. The results of this evaluation may suggest that treatment options other than these approaches may be required, and all screening evaluation information should be documented prior to further treatment planning.</p> <p>(13) <i>Supervision</i>: Supervision is recommended under a physician, chiropractor, occupational therapist, or physical therapist with the appropriate education, training</p>
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and experience. This clinician should provide on-site supervision of daily activities, and participate in the initial and final evaluations. They should design the treatment plan and be in charge of changes required. They are also in charge of direction of the staff.

(14) *Trial*: Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective improvement in functional abilities. Outcomes should be presented that reflect the goals proposed upon entry, including those specifically addressing deficits identified in the screening procedure. A summary of the patient's physical and functional activities performed in the program should be included as an assessment of progress.

(15) *Concurrently working*: The patient who has been released to work with specific restrictions may participate in the program while concurrently working in a restricted capacity, but the total number of daily hours should not exceed 8 per day while in treatment.

(16) *Conferences*: There should be evidence of routine staff conferencing regarding progress and plans for discharge. Daily treatment activity and response should be documented.

(17) *Voc rehab*: Vocational consultation should be available if this is indicated as a significant barrier. This would be required if the patient has no job to return to.

(18) *Post-injury cap*: The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two-years post injury generally do not improve from intensive work hardening programs. If the worker is greater than one-year post injury a comprehensive multidisciplinary program may be warranted if there is clinical suggestion of psychological barrier to recovery (but these more complex programs may also be justified as early as 8-12 weeks, see [Chronic pain programs](#)).

(19) *Program timelines*: These approaches are highly variable in intensity, frequency and duration. APTA, AOTA and utilization guidelines for individual jurisdictions may be inconsistent. In general, the recommendations for use of such programs will fall within the following ranges: These approaches are necessarily intensive with highly variable treatment days ranging from 4-8 hours with treatment ranging from 3-5 visits per week. The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours (allowing for part-day sessions if required by part-time work, etc., over a longer number of weeks). A reassessment after 1-2 weeks should be made to determine whether completion of the chosen approach is appropriate, or whether treatment of greater intensity is required.

(20) *Discharge documentation*: At the time of discharge the referral source and other predetermined entities should be notified. This may include the employer and the insurer. There should be evidence documented of the clinical and functional status, recommendations for return to work, and recommendations for follow-up services. Patient attendance and progress should be documented including the reason(s) for termination including successful program completion or failure. This would include noncompliance, declining further services, or limited potential to benefit. There should also be documentation if the patient is unable to participate due to underlying medical conditions including substance dependence.

(21) *Repetition*: Upon completion of a rehabilitation program (e.g., work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.

ODG Work Conditioning (WC) Physical Therapy Guidelines

WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or

	attitudinal barriers to recovery not addressed by these programs). See also Physical therapy for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work. <i>Timelines:</i> 10 visits over 4 weeks, equivalent to up to 30 hours.
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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)