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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/11/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: work hardening program 3xWk x 3Wks left knee

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 work hardening program 3xWk x 3Wks left knee is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 10/24/13, 09/19/13

Physical capability evaluation dated 09/26/13

comprehensive report dated 07/07/13

Soap note dated 08/12/13, 08/08/13, 06/26/13, 08/05/13, 08/02/13, 07/31/13, 07/29/13, 07/25/13

Follow up appointment dated 08/26/13, 08/05/13, 07/10/13, 06/26/13

MRI left hip dated 09/06/13

MRI left knee dated 08/14/13

Client background information form dated 07/26/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as complains of left ankle and left knee/hip pain. Per physical therapy initial evaluation dated 06/26/13, the patient is working modified duties. On physical examination AROM is left hip flexion 80, abduction 15, left knee flexion 110, extension 0, left foot dorsiflexion 3 and plantar flexion 20 degrees. Per soap note dated 08/12/13, the patient completed 15 physical therapy visits and was discharged. Ankle strength is rated as 4-/5. There is less muscle guarding and spasm. MRI of the left knee dated 08/14/13 revealed osteochondral lesion medial patellar facet with subchondral cyst and marrow edema measuring approximately 2 mm medial to lateral. MRI of the left hip dated 09/06/13 is a normal study. Physical capability evaluation dated 09/26/13 indicates that the patient's PDL is less than sedentary. The patient was recommended for a work conditioning strength training program for his knees.

Initial request for work hardening program 3 x wk x 3 wks left knee was non-certified on 09/19/13 noting that the clinical documentation submitted for review fails to provide screening documentation including a diagnostic interview with a mental health provider, job demands, functional capacity evaluation, and 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 his previous treatment. Additionally, the prescription is written for work conditioning with specific instructions for work hardening for the left knee. The denial was upheld on appeal dated 10/24/13 noting that there remains to be no evidence of psychological screening in the submitted medical records.

The prescription dated 09/12/13 was written as a request for work conditioning with specific instructions for work hardening for the left knee. There is no comprehensive physical examination from the requesting physician with objective evidence of remaining functional deficits in the left knee that support the need for the requested service.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on xx/xx/xx and has completed 15 sessions of physical therapy to date. The most recent soap note dated 08/12/13 indicates that the patient is being discharged from physical therapy; however, there is no comprehensive re-evaluation submitted for review. Additionally, there is no indication that the patient has undergone a mental health evaluation as required by the Official Disability Guidelines prior to enrollment in a work hardening program. Additionally, the physical capability evaluation provided indicates that the patient was recommended for a work conditioning program, and the prescription dated 09/12/13 was written as a request for work conditioning with specific instructions for work hardening for the left knee. As such, it is the opinion of the reviewer that the request for work hardening program 3xWk x 3Wks left knee 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)