True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Sep/25/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80 hours of Work Hardening

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified PM&R
Board Certified Pain Medicine

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 07/31/13, 08/28/13
Request for reconsideration dated 07/31/13
Preauthorization request dated 07/25/13
Handwritten note dated 05/31/12, 05/15/12, 05/08/12, 04/23/12
Peer review dated 11/05/12
MRI left knee dated 05/29/12
MRI right knee dated 05/29/12
Interview dated 07/18/13
Operative report dated 04/16/13
Functional capacity evaluation dated 07/23/13
Office note dated 07/16/13, 06/11/13, 04/26/13, 08/10/12, 03/11/13
Designated doctor evaluation dated 03/27/13
Initial narrative report dated 03/15/13
Initial functional capacity evaluation dated 06/13/13
Employee report of injury incident dated 04/23/12
Initial patient assessment dated 04/20/12
Emergency record dated 04/20/12
CT cervical spine dated 04/20/12
Radiographic reports dated 04/20/12
CT of brain dated 04/20/12

Patient visit information dated 06/25/12

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female whose date of injury is xx/xx/xx. The mechanism of injury is described as a slip and fall. The lower back, neck, head, chest, both knees and the right shoulder were allegedly injured. Peer review dated 11/05/12 indicates that the conditions or diagnoses that were caused by or directly resulted from the patient's claimed injury are contusions to the low back, head, chest, both knees and right shoulder; and right knee meniscus tear. The non-operative conditions were the contusion injuries and these appear resolved based on the records, and appropriate treatment would consist of a home exercise program and over the counter NSAIDs. A right knee meniscectomy would be an appropriate surgery. Per note dated 03/11/13, the patient was lost to follow up after surgery was previously recommended in August 2012. Designated doctor evaluation dated 03/27/13 indicates that the patient reached maximum medical improvement as of 07/20/12 with 0% whole person impairment. It is opined that the patient is able to return to pre-injury work based on her physical examination and review of the medical records and history. The patient subsequently underwent right knee arthroscopy with partial medial and lateral meniscectomy and chondroplasty on 04/16/13. Initial functional capacity evaluation dated 06/13/13 indicates that required PDL is medium and current PDL is sedentary. Note dated 07/16/13 indicates that the patient has completed 12 postoperative physical therapy visits. Diagnostic interview dated 07/18/13 indicates that the patient is not prescribed any medication and only takes OTC medication to help manage her current levels of pain. BDI is 20 and BAI is 17. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. Functional capacity evaluation dated 07/23/13 indicates that current PDL is medium and required PDL is light.

Initial request for 80 hours of work hardening was non-certified on 07/31/13 noting that there is no recommendation from a physician or nurse case manager and there is no prescription; there is no collaboration between the treating/requesting chiropractic doctor and the surgical physician regarding rehabilitation. Therefore, there is a lack of information as to whether the surgical knee is ready and able to withstand the rigors of a physically intensive work hardening program. The denial was upheld on appeal dated 08/28/13 noting that the evaluator who performed the psychological interview is not trained or credentialed to be able to provide an accurate differential diagnosis and V-axis diagnosis. There is no documentation that the employee has undergone any higher level of evaluation, or that she has been diagnosed with and treated for depression and/or anxiety by a licensed medical provider. There does not appear to be any history of any psycho-behavioral issues identified in the records prior to the assessment on 07/18/13 or that the employee has completed any lower levels of care to address any of these issues. The interview report also states that the employee is not prescribed any medication and takes only OTC medication and this clearly conflicts with the functional capacity evaluation report which states that the employee takes hydrocodone as needed. The work required PDL appears to be self-reported and a written job description or DWC 74 from the employer has not been provided. According to generic job descriptions listed on the DOT, it appears that the employee has already met her work required PDL.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
There is no detailed job description provided by the patient's employer, and therefore, it is unclear if the patient's required physical demand level is accurate as reported by the functional capacity evaluation. There is conflicting information regarding the patient's current medication regimen. The psychological interview indicates that the patient is not currently prescribed any medication and only takes over the counter medication as needed; however, the functional capacity evaluation report states that the patient continues to take hydrocodone as needed. The submitted records fail to establish that the patient presents with significant psychosocial issues at this time. As such, it is the opinion of the reviewer that the request for 80 hours of work hardening 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)