

Core 400 LLC

An Independent Review Organization
7000 N Mopac Expressway, Suite 200
Austin, TX 78731
Phone: (512) 772-2865
Fax: (530) 687-8368
Email: manager@core400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Dec/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Outpatient work conditioning program (WCP) five (5) times a week for two (2) weeks for a total of thirty (30) hours to lumbar, left shoulder and left hand

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Orthopedic Surgeon

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 outpatient work conditioning program (WCP) five (5) times a week for two (2) weeks for a total of thirty (30) hours to lumbar, left shoulder and left hand is not indicated as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Notice of employee's work related injury / illness dated 04/03/12
Office visit notes The Doctors In dated 04/05/12-06/29/12
MRI lumbar spine without IV contrast dated 04/23/12
Office visit notes dated 06/11/12-11/26/12
PT initial evaluation and progress notes dated 06/15/12-07/17/12
Functional capacity evaluation dated 07/25/12
Nance psychosocial screening dated 07/30/12
Worker's comp weekly summaries not dated
Adverse determination dated 08/20/12
Functional capacity evaluation dated 09/26/12
Utilization review determination dated 10/05/12
Letter dated 10/17/12
Utilization review determination dated 10/24/12
Order requisitions dated 10/01/12 and 11/26/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. On this date the patient was stepping down stairs when she slipped and began to slide down. The patient landed on her buttocks and also injured her hands, wrists and both knees. MRI of the lumbar spine dated 04/23/12 revealed L2-3 through L5-S1 disc herniations; L2-3 and L3-4 mild bilateral and L4-5 mild left neural foraminal narrowing. Note

dated 06/11/12 indicates that all injuries have resolved except for the back. Functional capacity evaluation dated 07/25/12 indicates that current PDL is medium and required PDL is very heavy. Psychosocial screening for work hardening program dated 07/30/12 indicates that the patient completed 10 sessions of physical therapy which did not help at all. The patient was recommended for work hardening with some reservation. The patient subsequently underwent a work hardening program. Functional capacity evaluation dated 09/26/12 indicates that current PDL has improved to medium heavy. Note dated 10/01/12 indicates that the patient has completed two weeks of work conditioning.

Initial request for work conditioning x 30 hours was non-certified on 10/05/12 noting that the patient has completed 30 hours of work conditioning. The patient remains limited when compared to required PDL. states the claimant has started the second week of work hardening? The denial was upheld on appeal dated 10/24/12 noting that there is no documentation of the patient's overall response to the work conditioning program completed to date. One would need to know specifically how the patient responded to that two weeks and what her current condition is before making a determination if further work conditioning would be medically indicated on an outlier basis

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: There is conflicting information in the records provided regarding treatment completed to date. There is some indication in the records submitted for review that the patient has undergone work hardening and some indication that the patient has undergone work conditioning. It is unclear which program the patient has completed or if both were performed. The Official Disability Guidelines support up to 30 hours of work conditioning, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. Given the current clinical data, it is the opinion of the reviewer that the outpatient work conditioning program (WCP) five (5) times a week for two (2) weeks for a total of thirty (30) hours to lumbar, left shoulder and left hand is not indicated 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)