



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 5/10/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 80 hours of work hardening program.

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

The reviewer is a Doctor of Chiropractic.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 80 hours of work hardening program.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Utilization Review Unit,

These records consist of the following (duplicate records are only listed from one source):
Records reviewed Utilization Review Unit:

Denial Letters – 4/16/13, 4/22/13

Request for Reconsideration – 4/17/13
Patient Demographics Form – undated
Pre-authorization Request – 4/12/13
Initial Narrative Report – 2/21/13
Initial FCE – 4/3/13
Interview Report – 3/13/13

Denial Letters – 4/17/13, 4/24/13
Pre-authorization Approval Letter – 2/16/11

DWC73's – various dates

PT Re-evaluation Reports – 11/2/10, 12/21/10, 2/10/11, 3/29/12
Script – 3/9/12
PT Progress Notes – 11/30/10, 1/21/11, 2/25/11, 4/6/11, 4/14/11
Assessment Note – 2/10/11, 2/14/11, 4/19/11

Encounter Report – 10/26/10, 11/23/10, 1/10/11, 3/21/11, 6/1/11, 7/13/11
Operative Report – 9/15/10

Outpatient Therapy – 10/26/10
Insurance Claim Forms
DWC69 – 5/5/11

DDE Report – 5/3/11

Peer Review Report – 1/9/12

Explanation of Review – 4/21/11, 5/5/11, 6/2/11
LHL009 – 4/25/13

Records reviewed were all duplicates from above.

Records reviewed

History and Physical – 4/12/13

Physical Activity Status Reports & History/Physical/Treatment Report – 10/27/10,
11/2/10, 11/8/10, 11/24/10, 12/10/10, 1/13/11, 2/2/11

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was injured on xx/xx/xx. The floor sank underneath her and the compensable injury was her right knee. She underwent surgery on 9/15/10 for meniscal tear and was originally approved for 26 physical therapy sessions. She currently complains of right knee pain and is ambulatory with a knee brace and currently being prescribed pain

medications, muscle relaxers, and Celebrex for her pain. She currently rates her pain a 9 out of 10 scale. She has incurred an MMI of 15% on 12/31/09.

The initial physical therapy evaluation on 3/29/12 exhibited several goals of passive conservative care that included range of motion goals, gait re-balance, and strengthening of affected lower extremity. Unfortunately, patient never returned for care and was released as non-compliant on 4/19/12. However, several physical therapy initial notes and re-evaluation notes are available for review and rang from 11/2/10 to 4/14/11 (about 8 visits). notes about 20 physical therapy visits being completed and she has been prescribed Ultracet and Celebrex for her pre-existing arthritis and current post-surgical condition.

Post-surgical care for medications was given. She underwent surgical correction of her knee injury on 9/15/10. She was initially prescribed opioids for her pain management and was transitioned to cox-2 inhibitors and tramadol (opioid class of pain medication). Patient has reached clinical MMI on 12/31/09 according to DD examination on 5/5/11. She was given a whole person impairment rating of 15%.

An MRI of the right knee on 12/11/09 demonstrated previous ACL reconstruction with intact graft fibers, truncation of the posterior horn of the medial meniscus, and horizontal fluid signal present within the anterior horn of lateral meniscus.

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

The criteria for admission to a work hardening program according to ODG Guidelines follows some basic principles including efficacy of care when there has been a significant amount of time from injury date to date of work hardening program. The worker must be no more than two years past date of injury. It has been shown that workers that have not returned to work by the two year mark generally are shown to not improve from intensive work hardening.

In addition, the patient has documented several other contraindications. She has physical exam findings that state she has obesity and arthritis of affected joint. She also has a behavioral comorbidity of depression. These objective findings contradict successful return to work program completions and are therefore not medically necessary for her condition and length of time parameters.

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)