

## IRO NOTICE OF DECISION TEMPLATE – WC

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Notice of Independent Review Decision

**[Date notice sent to all parties]:**

08/30/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

10 sessions of work hardening

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

Texas Licensed Chiropractor

**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:**

2/8/13

5/2/13-7/2/13

7/26/13

6/24/13- 7/26/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female. The date of occupational injury was xx/xx/xx.

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Examination dated February 8, 2013 authored was noted. The mechanism of injury was a motor vehicular incident. She was a pedestrian struck by a passing vehicle. Passive treatment was reviewed including electrodiagnostic testing, cervical MRI, pain management evaluation, injection therapy, plain film radiographs, surgical evaluation, emergency room notes, physical therapy, chiropractic, and light duty recommendations. The claimant was determined to be not at maximal medical improvement.

Functional capacity evaluation report was dated May 2, 2013. The evaluation determined that the employee can perform some of her regular activities. She was functioning with light capabilities.

The record includes a work hardening psychosocial assessment dated June 3, 2013. The evaluator opined that the patient would benefit from a work rehabilitation program.

A subsequent evaluation was performed at Spine and Rehab on July 2, 2013. Complaints include neck, back, and shoulders as result of a work related motor vehicular accident. The recommendation was to proceed with work hardening program. A follow-up evaluation dated July 31, 2013. Findings and recommendations unchanged.

Medical report was dated July 26, 2013. The patient was seen for a required evaluation. Prior treatment records reviewed. The evaluator opined that the patient was not at maximal medical improvement.

There was no documentation from the employer such as a physical demands analysis or absence of modified duty availability.

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

The submitted documentation fails to establish medical necessity for work hardening. Criteria for work hardening include functional abilities below return work requirements, psychological barriers in the mild to moderate range, and absence of modified duty availability. None of the aforementioned were documented. There was, specifically, no documentation of psychometrics establishing mild to moderate psychological barriers. There was no documentation from the employer with regard to a physical demands analysis and critical task. There was, also, no evidence of absence of modified duty availability or prior failed return to work efforts.

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

**X  ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**