

# Applied Assessments LLC

An Independent Review Organization

2771 E. Broad St. Ste. 217 PMB 110

Mansfield, TX 76063

Phone: (512) 333-7997

Fax: (512) 519-7997

Email: admin@appliedassessments.net

## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Nov/4/2014

### IRO CASE #:

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

Work conditioning 5 x 2 (10 sessions, up to 30 hours) and FCE

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

Board Certified Family 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.**

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date she was involved in a motor vehicle accident and banged her left thigh against the passenger door. The patient's surgical history is positive for L5-S1 decompressive laminectomy and fusion on 11/18/11. Functional capacity evaluation dated 07/29/14 indicates that current PDL is light-medium and required PDL is medium. Progress note dated 08/13/14 indicates that the patient complains of 3/10 low back pain with some tingling. She is noted to be status post lumbar laminectomy with fusion in October 2012. There is no physical examination in this report. Assessment is lumbar sprain/strain.

Initial request for work conditioning 5 x 2 and functional capacity evaluation was non-certified on 09/09/14 noting that there is no documentation that the patient failed a return to work program with modification. The medical records submitted did not provide documentation regarding a specific defined return to work goal or job plan that has been established, communicated and documented. A recent detailed examination of the low back by the treating physician was not specified in the records provided. There are no complete therapy progress reports submitted for review. The denial was upheld on appeal dated 10/03/14 noting that there is no documentation that the patient underwent a valid functional capacity evaluation. There are no clinic notes, physical therapy notes, mechanism of injury or objective information regarding her limitations included for review.

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

The patient sustained injuries as a result of a motor vehicle accident in xx/xxxx. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The Official Disability Guidelines note that work conditioning amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). There are no physical therapy records submitted for review. There is no current, detailed physical examination submitted for review. There is no return to work goal provided. There is a significant lack of supporting documentation provided to establish medical necessity for work conditioning and/or a functional capacity evaluation. As such, it is the opinion of the reviewer that the request for work conditioning 5 x 2 (10 sessions, up to 30 hours) and FCE is not recommended as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

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

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