

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** APRIL 9, 2014

**IRO CASE #:**

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

Medical necessity of proposed Work Conditioning 4X4 for a total of 16 visits

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of 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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
847.2	Work Conditioning		Prosp	16			Xx/xx/xx	xxxxx	Upheld

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee is a gentleman who reported an industrial injury to the low back on xx/xx/xx. The injured employee reported tightening a filter that was overhead and developing low back pain. The past medical history is significant for type 2 diabetes.

On physical therapy evaluation on May 30, 2013, there were subjective complaints of low back pain. The injured employee had been treated with chiropractic care. The pain was worse when lying on the left side. The injured employee had been treated with muscle relaxants and pain medications. On physical examination, there was decreased active range of motion of the lumbar spine. There was good muscle strength. The injured employee was able to transfer independently. The recommendation was for physical therapy.

A Physical Performance Evaluation on January 21, 2014, which is handwritten and mostly illegible, reported the injured employee was not performing at his prior level of function. On physical therapy re-evaluation on March 4, 2014, there were subjective complaints of low back pain. There were no active range of motion limitations noted for the thoracic or lumbar spine. The recommendation was for a work-conditioning program.

A review on March 17, 2014, stated the injured employee had completed 14 sessions of physical therapy to date. It was also noted the request was for 16 sessions of work conditioning. It was reported there was no job description for the employee attached and no Functional Capacity Evaluation provided for review.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

As noted in the Division-mandated Official Disability Guidelines and after reviewing the additional medical records available for review and the Physical Performance Evaluation on January 21, 2014, I agree with the previous reviewer's denial. The Physical Performance Evaluation did not document the injured employee's current physical demand level or his expected work physical demand level as required by the guidelines. There still is no job description from the employer attached describing the injured employee's job functions or the physical demand level required for the job.

ODG Work Conditioning (WC) Physical Therapy Guidelines:

WC 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). See also Physical therapy for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work. Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours.

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

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES