

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/08/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: work conditioning program 30 hours

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and Rehabilitation and Pain 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. It is the opinion of the reviewer that the request for work conditioning program 30 hours is not recommended as medically necessary

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. She fell backwards and landed on her left wrist causing a Colle's fracture. She underwent ORIF left distal radius fracture and completed 12 postoperative physical therapy visits. Functional capacity evaluation dated 04/14/14 indicates that required PDL is very heavy and current PDL is sedentary. Assessment dated 05/08/14 indicates that BAI is 11 and BDI is 13. Medications include Januvia, Metformin, Naproxen and Pramipexole dihydrochloride. Request dated 05/20/14 indicates that required PDL is light.

Initial request for work conditioning program 30 hours was non-certified on 05/23/14 noting that the pre-injury occupation is documented to be that of light in nature. As a result, medical necessity for this specific request is not established. Reconsideration dated 05/30/14 indicates that she is looking for a new job as a driver which typically requires a PDL of medium. The denial was upheld on appeal dated 06/09/14.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND

CONCLUSIONS USED TO SUPPORT THE DECISION: Some clarification is needed prior to enrolling this patient in a work conditioning program. Per functional capacity evaluation dated 04/14/14, the patient's required physical demand level for return to work is very heavy. However, request for authorization dated 05/20/14 indicates that required PDL is light, and reconsideration request for work conditioning dated 05/30/14 indicates that required physical demand level is medium. Additionally, multiple submitted records reference a work hardening program; however, the current request is for a work conditioning program. As such, it is the opinion of the reviewer that the request for work conditioning program 30 hours is not recommended 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)