

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

June/26/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of work conditioning

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. Designated doctor evaluation dated xxxxx indicates that she immediately felt low back pain. Treatment to date includes x-rays, medication management, physical therapy, lumbar MRI. She did report that she has been working this whole time. Diagnoses are lumbar contusion sprain/strain, left hip contusion with sprain/strain, and left knee strain. The patient was determined not to have reached maximum medical improvement. Functional capacity evaluation dated 04/15/14 indicates that required PDL is heavy and current PDL is light. Initial behavioral medicine consultation dated 04/16/14 indicates that current medications are Ultram, Flexeril and Mobic. BDI is 4 and BAI is 3. Diagnoses are anxiety disorder (minimal) and depressive disorder (minimal).

Initial request for 80 hours of work conditioning was non-certified on 05/02/14 noting that applicable clinical guidelines support up to 10 work conditioning sessions. It is not clear whether there is radiculopathy or not since there has been disagreement between radiologist and treating physician concerning diagnostic imaging findings. The note dated 01/24/14 indicates she is working full duty. Initial functional capacity evaluation examiner recommended participation in a standard exercise program and there is no report that she participated in such a program. The denial was upheld on appeal dated 05/09/14.

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

The patient sustained injuries on xx/xx/xx and has completed a course of physical therapy. It is unclear if the patient is working full time at this time. Designated doctor evaluation dated 04/11/14 indicates that the patient has continued to work the whole time. The request is excessive as the Official Disability Guidelines support up to 30 sessions of work conditioning. As such, it is the opinion of the reviewer that the request for 80 hours of work conditioning 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