

IRO NOTICE OF DECISION – WC



Claims Eval

Notice of Independent Review Decision

May 15, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning 2 hours x 5 days, then 4 hours x 5 days (10 sessions)

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

American Osteopathic Board of Family Practice

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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

xxxx Initial Functional Capacity Evaluation notes the claimant is working with restrictions. He is currently able to function at a Light PDL. Recommendations made for a work conditioning program.

3-21-14, Progress note reflects the claimant is better. Assessment: Left inguinal hernia repair. Plan: CTP/WC #1 ordered. The claimant is continued at work with restrictions.

4-1-14, UR notes that there are no complete therapy progress reports that objectively document the clinical and functional response to the claimant from the previously rendered sessions. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehab efforts was not provided. A request for work conditioning was denied on 2-3-14. The claimant underwent left inguinal hernia repair. Any operative note was not specified in the records provided. Details of the postop treatment were not specified. With this, it is deemed that the clinical information obtained does not establish the medical necessity, clinical utility and anticipated potential benefits of work conditioning 2 hrs x 5 days, then 4 hrs x 5 days (10 sessions).

4-4-14 PAC, letter: " is a status post inguinal hernia repair and has been on light duty since xxxxx. He underwent a functional capacity evaluation on 01/28/14 which determined him being unable to return to work at full duty in a safe and consistent manner. This would place his physical demand requirements at Very Heavy. His current physical demand places him at a Sedentary level which would warrant the necessity for the return to work program. (Work Conditioning Programs are appropriate for employees that are at 30-180 days post accident or injury and still have not returned to full duty.) Mr. would benefit from this program as it focuses on cardiovascular fitness, strengthening and work simulation. Our Work Conditioning program helps restore the injured employee's physical capacity and function ready for their return for work."

4-11-14 Appeal for work conditioning 2 hrs x 5 days, then 4 hrs x 5 days (10 sessions).

External review process.

Notice to Utilization Review Agent.

Request preauthorization for work conditioning.

4-28-14 Notice to xxxxx of case assignment.

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

Based on the records provided, guideline criteria have been met. The significant discrepancy between the claimant's current capabilities and job requirements (despite routine postoperative care) are well delineated. The claimant clearly has plateaued and the request for additional therapy in the form of work conditioning is reasonable and medically necessary based on applicable guidelines. Ten (10) sessions are reasonable and medically necessary at this time. Therefore, the request for Work Conditioning 2 hours x 5 days, then 4 hours x 5 days (10 sessions) is reasonable and medically necessary.

ODG 2014 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.

IRO REVIEWER REPORT - WC

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

- ACOEM- AMERICAN 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)