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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jun/19/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Recon functional capacity evaluation

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

Board Certified PM&R

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient is status post right knee arthroscopy with excision of tears of lateral and medial meniscus, debridement and chondroplasty femoral groove and medial femoral condyle on 07/18/13. He is status post left knee arthroscopy with excision of tears of medial meniscus, debridement and chondroplasty femoral groove on 10/01/13. Functional capacity evaluation dated 01/15/14 indicates that current PDL is light medium. The patient completed a work conditioning program. Functional capacity evaluation dated 02/12/14 indicates that the patient's current PDL is medium. Functional capacity evaluation dated 03/20/14 indicates that current PDL is medium-heavy. Progress note dated 04/25/14 indicates that the patient has completed 30 visits of work conditioning. Note dated 05/05/14 indicates that he has undergone a designated doctor evaluation which assigned him 5% whole person impairment. The note states that the patient was recommended to continue work conditioning and undergo an interim functional capacity evaluation.

Initial request for functional capacity evaluation was non-certified on 04/30/14 noting that failed attempts at returning to work are not evident. Moreover, evidence based medicine guidelines note that functional capacity evaluations are considered when there is conflicting medical reporting on precautions and/or fitness for modified job and injuries that require detailed exploration of a worker's abilities. The denial was upheld on appeal dated 05/30/14 noting that no additional records were provided for review. Documentation of prior unsuccessful return to work attempts or injuries that require a detailed exploration of a worker's abilities was not provided. There is no indication of conflicting medical reporting on

precautions or fitness for modified duties.

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

The patient is status post bilateral knee surgeries followed by a work-conditioning program. There is no documentation of failed return to work attempts as recommended by the Official Disability Guidelines prior to the performance of a functional capacity evaluation. There is no documentation that there is conflicting medical reporting on precautions and/or fitness for modified job and injuries that require detailed exploration of the worker's abilities. There is no clear rationale provided to support a functional capacity evaluation at this time. As such, it is the opinion of the reviewer that the request for functional capacity evaluation 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)