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DATE NOTICE SENT TO ALL PARTIES: May/18/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: work hardening program (80 hours)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Physical Medicine and Rehabilitation

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 hardening program (80 hours) is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female whose date of injury is xx/xx/xx. The patient reported injury to her low back, right shoulder and right arm as a result of repetitively assembling racks of glass. Initial clinical interview dated 03/26/15 indicates that current medications are Flexeril and Mobic. BDI is 18 and BAI is 13. Diagnoses are major depressive disorder, single episode, moderate, with anxious distress; somatic symptom disorder with predominant pain, persistent, severe. Functional capacity evaluation dated 03/26/15 indicates that current PDL is sedentary and required PDL is heavy. Work hardening program preauthorization request dated 04/06/15 indicates that treatment to date includes one steroid injection and 6 physical therapy sessions. The patient has shown modest improvement with physical therapy.

Initial request for work hardening program 80 hours was non-certified on 04/09/15 noting that guidelines require documentation of completion of an adequate course of physical therapy with improvement followed by plateau. This patient has completed only 6 physical therapy visits to date. Reconsideration request dated 04/20/15 indicates that the patient's orthopedic surgeon recommended this program indicating he feels she has exhausted all low level care.

The denial was upheld on appeal dated 04/23/15 noting that prior to the patient entering a work hardening program, sufficient physical therapy should be completed to effect positive change and assist the patient in returning to work. At the time that the patient was referred to the work hardening program the patient's PDL was sedentary. The required PDL for return to work is heavy. Additional physical therapy should be completed prior to considering a referral to the work hardening program. It should also be noted that there are issues regarding the patient's psychological capacity. The provider noted that the patient's ability to remember was severely impaired. There has been insufficient psychological testing to rule out psychological factors which might be interfering with the patient's ability to progress. There was no formal psychological testing completed prior to submitting for a work hardening program.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The submitted clinical records report that the patient has completed 6 physical therapy visits to date. There are no serial physical therapy records submitted for review documenting the patient's objective functional response to physical therapy. The Official Disability Guidelines require evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. The Official Disability Guidelines also state that based on the initial screening, further evaluation by a mental health professional may be recommended. The results of this evaluation may suggest that treatment options other than these approaches may be required, and all screening evaluation information should be documented prior to further treatment planning. There is no indication that this patient has undergone psychometric testing with validity measures to assess the validity of her subjective complaints. As such, it is the opinion of the reviewer that the request for work hardening program (80 hours) is not recommended as medically necessary and the prior denials are upheld.

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)