

P-IRO Inc.

An Independent Review Organization

Phone Number:
(817) 779-3287

1301 E Debbie Lane Suite 102 PMB 203
Mansfield, TX 76063
Email: p-iro@irosolutions.com

Fax Number:
(817) 385-9612

Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Chiropractic Care

Description of the service or services in dispute:

Work Hardening X 80 hours

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)

Patient Clinical History (Summary)

The patient is a female whose date of injury is xx/xx/xx. The patient slipped while working and fell to the floor breaking her kneecap. Surgery was performed a day later for a comminuted right patellar fracture. It appears the patient completed approximately 27 physical therapy visits. Physical examination on xxxx indicates there is tenderness to palpation in the right knee. There is mild to moderate swelling in and around the patella. Active range of motion is 15-70 degrees; passive range of motion is 5-80 degrees. Motor strength is 4/5 with flexion and extension. Initial functional capacity evaluation dated xxxxx indicates that the patient put forth maximum effort. Current PDL is sedentary and required PDL is medium. Psychological consultation dated xxxxx indicates that the patient is taking thyroid medication. BDI is 27 and BAI is 25. Diagnosis is joint pain, leg. Preauthorization request dated xxxxx indicates that the patient is not a surgical candidate.

Initial request for work hardening x 80 hours was non-certified on xxxxx noting that the claimant has received 27 sessions of postoperative physical therapy, yet still remains at the sedentary physical demand level. The functional capacity evaluation report noted the reason for terminating functional tests was due to pain as opposed to de-conditioning. There does not appear to be significant gains as a result of supervised therapy to transition the claimant back to work duties. Given the poor results due to pain, a work hardening program does not appear to be medically necessary at this time. The claimant was unable to perform the tasks longer than a few seconds to a few minutes, making an 8 hour per day program unlikely to have significant impact at this time. Request for reconsideration dated xxxxx indicates that when physical therapy was initiated the patient had been basically immobile with regards to flexion and extension in the knee for over eight weeks. The patient's lifting ability is between light and medium. She has exhausted physical therapy. It is noted that the majority of the time pain is the limiting factor in functional capacity evaluations. In all likelihood, she will never be able to squat or kneel for an extended period of time. The denial was upheld on appeal dated xxxxx noting that other than reported BDI and BAI scores, there is no documentation that the employee has undergone any higher level of evaluation with objectively scored psychological and neuropsychological testing with physical examination or that she has been diagnosed with and treated for depression and/or anxiety by a licensed medical provider. The patient has no history or current evidence of psychosocial, drug or attitudinal barriers to recovery that would necessitate a work hardening program over a work conditioning program other than the assessment made by an individual and the facility requesting the work hardening services. Response to second denial dated xxxxx indicates that is a board-certified psychologist and she also does group counseling and psychological component of the work

hardening program.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient underwent surgical intervention for a comminuted right patellar fracture and the patient completed approximately xxxx physical therapy visits. Despite this treatment, the patient's current physical demand level is sedentary. The patient has failed to improve significantly with extensive physical therapy completed to date. Additionally, the Official Disability Guidelines note that the patient should undergo a diagnostic interview with a mental health provider, and the testing should be intensive enough to provide evidence that there are no psychosocial or significant pain behaviors that should be addressed in other types of programs. The submitted evaluation documents that the patient completed only Beck Inventories. There is no confirmation through validity testing that the patient's reported symptoms are accurate. The diagnosis provided on this assessment is joint pain. There is no documentation of a significant psychosocial component to the patient's pain that would require an interdisciplinary program. There is no indication that the patient is not a candidate for injection therapy. As such, it is the opinion of the reviewer that the request for work hardening x 80 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 and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)