



14785 Preston Rd. Suite # 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 12/04/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening

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

M.D. Board Certified in Occupational Medicine and Urgent Care.

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

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	11/14/2012
Adverse Determination Letters	9/18/2012-10/12/2012
Initial Evaluation/ Plan of care/ Progress Note Letter of Medical Necessity Work Hardening Visits Request	6/07/2012-8/02/2012 10/31/2012 9/13/2012
Medicine Appeal Support Letter IRO Request	10/05/2012 11/07/2012
Physical Demand Summary Notes	6/15/2012
Solutions Peer Review Reports	9/17/2012-10/11/2012



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PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a xx with chronic neck and shoulder pain reportedly associated with an injury of xx/xx/xx.

Thus far, she has been treated with the following: At least 15 prior sessions of physical therapy; analgesic medications; two weeks of prior work conditioning; and extensive periods of time off of work.

The most recent progress note on file is a letter from the attending provider dated November 7, 2012, in which the attending provider puts forth a request for an independent review organization appeal for additional work conditioning. The attending provider states that the claimant, does have a job to return to, must be able to lift, push, pull up to 60 pounds at work, and acknowledges that the claimant has not returned to work on a trial basis. Also reviewed is the claimant's job description, in which it is suggested that the claimant, in fact, has a heavy physical demand level occupation. The author of this note is not clearly identified. It is unknown whether this job description originated from the claimant's employer. Finally, also noted is an October 31, 2012 letter from the claimant's physical therapist, stating that the claimant has completed two prior weeks of work conditioning.

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

The requested Work Hardening is not medically necessary.

The claimant has had extensive amounts of prior physical therapy and two weeks of prior work conditioning. She has responded favorably to the same. As noted by the criteria referenced below, "treatment is not supported for longer than one to two weeks" without "objective improvement in functional abilities". The claimant has not returned to work. The claimant has made no effort to return to work, even on a trial basis. The request for additional work conditioning appears to be a reprisal/ repetition of a previously tried and failed program. Additionally, no recent clinical progress notes were attached to the request for authorization. From prior physical therapy notes dated September 6, 2012, however, the claimant does exhibit well-preserved shoulder range of motion and he is described as being able to lift up to 50 pounds. Thus, by all accounts, the claimant is possessed of sufficient residual function so as to independently transition to a regular duty work without formal course of work conditioning. Accordingly, for all of these reasons, the original utilization review decisions are upheld. The request remains non-certified.



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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)