

# Core 400 LLC

An Independent Review Organization  
3801 N Capital of TX Hwy Ste E-240 PMB 139  
Austin, TX 78746-1482  
Phone: (512) 772-2865  
Fax: (530) 687-8368  
Email: manager@core400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Feb/11/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** work hardening x 80 hours

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

**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 work hardening x 80 hours is recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who reported an injury regarding his right knee. The patient was noted to have initially been injured while pushing a table when the table fell on his right knee. The patient was subsequently diagnosed with a lateral meniscus tear. The patient was noted to have undergone a surgical intervention at the right knee. The clinical note dated 11/09/13 indicates the patient continuing with right knee pain. The patient stated the pain is exacerbated with continued walking. The note mentions the patient having undergone a urine drug screen which revealed positive findings for cocaine use. The note does mention the patient having a current smoking habit of approximately 1 pack per day. The note does mention the patient working approximately 36 hours per week. The note mentions the patient utilizing Naproxen for ongoing pain relief. Exam of the right knee revealed no swelling or effusion. The patient was able to demonstrate normal flexion and extension. No instability was noted. The physical performance evaluation dated 11/22/13 indicates the patient presenting with right knee pain. The patient was able to demonstrate a light physical demand level. However, the patient's occupation requires a medium physical demand level. The behavioral assessment dated 11/25/13 indicates the patient having undergone a battery of psychological tests. The patient was noted to have scored a 3 on his BDI-2 indicating minimal depression and a 1 on his BAI indicating minimal anxiety. The patient's FAQB scores resulted in an 11 on the work portion and a 9 on the PA portion. The preauthorization request for a work hardening program dated 12/05/13 indicates the patient having previously been employed for 4 years within the. The note does mention the patient having completed 12 post-surgical rehabilitation therapy sessions. The patient was noted to have persistent functional deficits as well.

The utilization review dated 12/12/13 resulted in a denial for a work hardening program as no information was submitted regarding the patient's ability to complete any additional

conservative treatments. Additionally, no documentation was submitted confirming the patient having a job to return to.

The utilization review dated 01/17/14 indicates the patient having difficulty lifting a 30 lb. weight whereas the patient's occupation requires the ability to lift 50 lb. objects. It should be noted that there was a recommendation for a modified approval of 40 hours; however, no opportunity to discuss the treatment modifications were noted.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The documentation submitted for review elaborates the patient complaining of ongoing right knee pain despite a previous surgical intervention. Inclusion into an 80 hour work hardening program would be indicated provided the patient meets specific criteria to include ongoing significant functional deficits, the patient is noted to have a job to return to, and the patient would likely benefit from inclusion into a program of this nature. Additionally, the patient's physical demand level is noted to be inadequate for his occupational requirements. The clinical notes indicate the patient having completed 12 physical therapy sessions as part of the postoperative care following the operative procedure at the right knee. Given these findings, it appears the patient would likely benefit from inclusion into an 80 hour work hardening program in order to increase the patient's work capabilities specifically manifested by the inadequate physical demand level. Given the patient's work history and taking into account the ongoing functional deficits, this request is reasonable. As such, it is the opinion of the reviewer that the request work hardening x 80 hours is 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)