



PROFESSIONAL ASSOCIATES

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 04/10/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten sessions of work hardening eight hours a day five days a week

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

Licensed by the Texas State Board of Chiropractic Examiners

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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An Employer's First Report of Injury or Illness form dated 05/22/06
Evaluations with D.O. dated 05/22/06, 05/30/06, 06/21/06, 06/29/06, 07/25/06,
09/27/06, 10/25/06, 11/22/06, 12/08/06, 12/22/06, and 01/09/07

Page Five

TWCC-73 forms from Dr. dated 05/22/06, 05/30/06, 06/21/06, 06/29/06, 07/25/06, 09/27/06, 10/25/06, 11/22/06, 12/08/06, 12/22/06, 01/09/07, and 02/03/07

Physical therapy evaluations with an unknown therapist (the signature was illegible) dated 06/07/06, 06/12/06, and 06/21/06

Physical therapy with the unknown therapist dated 06/07/06, 06/08/06, 06/12/06, 06/20/06, and 06/21/06

An evaluation with Dr. (no credentials were listed) dated 06/13/06

A TWCC-73 form from Dr. dated 06/13/06

An MRI of the left shoulder interpreted by M.D. dated 06/28/06

Evaluations with Dr. (no credentials were listed) dated 07/10/06 and 08/25/06

TWCC-73 forms from Dr. dated 07/10/06 and 08/25/06

An evaluation with D.O. dated 07/21/06

A return to work note from Dr. dated 07/21/06

An evaluation with Dr. (no credentials were listed) dated 08/11/06

A TWCC-73 form from Dr. dated 08/11/06

An evaluation with Dr. (no credentials were listed) dated 09/20/06

A DWC-73 form from Dr. dated 09/20/06

An evaluation with M.D. dated 10/23/06

An evaluation with Dr. (no credentials were listed) dated 11/08/06

A DWC-73 form from Dr. dated 11/08/06

An evaluation with M.D. dated 12/27/06

A psychological evaluation with L.P.C. dated 01/03/07

A Functional Capacity Evaluation (FCE) with Dr. dated 01/03/07

A preauthorization request from D.C. dated 01/16/07

Letters of adverse determination from Direct, L.L.C. dated 01/23/07 and 02/20/07

A request for appeal letter from Systems dated 02/08/07

An IRO summary from Management, Inc. dated 03/20/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 05/22/06, Dr. performed a Toradol injection, prescribed Skelaxin and Celebrex, and ordered an EMG/NCV study and physical therapy. Physical therapy was performed with the unknown therapist from 06/12/06 through 06/21/06 for a total of five sessions. An MRI of the left shoulder interpreted by Dr. on 06/28/06 revealed supraspinatus tendinopathy and downsloping of the acromion. On 07/21/06, Dr. recommended left shoulder surgery. On 11/26/06 and 12/08/06, Dr. noted the patient was pending surgery

approval. On 12/22/06, Dr. ordered work conditioning. On 12/27/06, Dr. prescribed Soma, Hydrocodone, and Naprosyn and recommended an orthopedic referral. On 01/03/07, Ms. requested a work conditioning program. On 01/03/07, Dr. also recommended a work conditioning program. On 01/16/07, Dr. requested 10 sessions of a work hardening program. On 01/23/07 and 02/20/07, Direct wrote letters of adverse determination for work hardening. On 02/08/07, Healthcare Systems wrote a request for appeal for the work hardening program.

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

Based upon the reviewed documentation, it appears that this is the only treatment that the patient is going to be able to pursue. It appears she recommended for surgical intervention to the left shoulder, but for some reason it continues to be denied. Based upon the fact that it appears that no movement forward with regard to surgical intervention is progressing, I would recommend the work hardening program in an attempt try to get her some more functionality in the left shoulder. As indicated in the documentation, it appears that with her activities of daily living she still has significant pain levels of 7/10 in the left shoulder. She is only performing light duty at work, albeit full time. She has the right to attempt to return to a more normal functionality with regard to the left shoulder. Therefore, my findings are for an approval for the work hardening program, 10 sessions, eight hours per day, five days per week.

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 AND KNOWLEDGE BASE

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)**