

- **Worker's Compensation (WC) Health Care Network Information Sheet (unspecified date), 1 page.**
- **Denial Information (unspecified date), 1 page.**
- **Fax Cover Sheet/Comments dated 3/26/07, 1 page.**
- **Forms (unspecified date), 2 pages.**
- **Request for a Review by an Independent Review Organization dated 2/26/07, 1 page.**
- **Determination Notification Letter dated 2/16/07, 2/8/07, 5 pages.**
- **Notice to CompPartners, Inc. of Case Assignment dated 4/18/07, 1 page.**
- **Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 4/18/07, 1 page.**
- **Claim Notes dated 2/17/07, 2/15/07, 2/13/07, 2/9/07, 2/8/07, 2/7/07, 2/5/07, 7 pages.**
- **Pre-Authorization Request dated 2/8/07, 2/2/07, 2 pages.**
- **Range of Motion Exam Results dated 2/2/07, 1/4/07, 1/3/07, 9 pages.**
- **Range of Motion Progress Graphs for periods 5/19/06 through 2/2/07, 10/5/06 through 2/2/07, 11/15/05 through 2/2/07, 7 pages.**

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Patient's age:

Gender: Male

Date of Injury:

Mechanism of injury: Delivering a freezer that began to slip and injured his right shoulder and elbow.

Diagnoses: Status-post arthroscopic right shoulder superior labral anterior-posterior (SLAP) lesion repair, 3/13/06.

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

The previous request for work hardening at five times per week at eight hours per day was denied as not medically necessary due to the fact that the ODG, 11th edition indicated that biopsychosocial rehab documents little evidence that there was effectiveness on neck and shoulder pain of multidisciplinary biopsychosocial rehab compared with other rehab methods. The second reviewer found that it was not medically necessary because treatment should not exceed 2 weeks without demonstrated efficacy of subjective and objective gains and the claimant had minimal to regressed lifting capacity after 10 sessions or 2 weeks of rehab. The claimant underwent arthroscopic surgery on the right shoulder to repair a SLAP lesion as of 3/13/06. He is, therefore, now over one year and one month post-surgical intervention. The available records for this review indicate that the claimant was treated conservatively with, DC, failed to improve with care and then he was referred for right shoulder surgery to Dr. He then underwent 24 sessions of post-operative rehab for the right shoulder, as indicated above, and then the 10 sessions of work hardening also indicated above. The information indicated that the claimant had a heavy duty job demand level and that light duty or modified duty was not available to him, at this time, due to the employer demands he be returned at 100%. The FCE's on 1/3/07 and 2/2/07 were compared for this IRO dispute resolution case. Specifically, high near lift increased from 85 to 95 pounds. Lift task floor increase from

70 to 73 pounds. Lift task high-far went from 50 to 85 pounds. Lift task leg decreased from 88 to 85 pounds. Lift task arm went from 61 to 85 pounds. Therefore, regarding the upper extremity, specifically the claimant showed improvement technically. The range of motion of the right shoulder post 10 sessions of work hardening had increased albeit minimally. The range of motion of the right shoulder on 2/2/07 indicated internal rotation 27 degrees up from 22 degrees on 1/4/07, external rotation 71 degrees up from 52 degrees on 1/14/07, flexion 149 degrees up from 147 degrees on 1/4/07, extension 33 degrees up from 27 degrees on 1/4/07, adduction 32 degrees up from 11 degrees on 1/4/07 and abduction 169 degrees up from 139 degrees on 1/14/07. Therefore, there was evidence of objective functional improvements with the previous 10 session of work hardening. The current request is to determine the dispute resolution with the provided information regarding the medical necessity for two weeks of work hardening at five times per week at eight hours per day. This reviewer finds that with reference to the Texas Department of Insurance and DWC rules and regulations and the ODG, 11th edition regarding work hardening criteria this determination would be reversed to a modification to 5 work hardening sessions to attempt completion of his progress to a heavy duty job demand level. There simply is evidence of moderate objective functional improvements with the previous 10 session of work hardening along with evidence that the employer will not accept him back to work with modified duties and requires he return at 100% at heavy duty demand levels. These five sessions should be sufficient to bring him to his required heavy duty demand level with subsequent expectation of a return to work, given his 2/2/07 FCE lifting capacities for the upper extremities and ranges of motion of the right shoulder. The claimant does meet the criteria outlined in the ODG regarding work hardening.

If applicable this section should include the following:

- Specific basis for divergence from the Division of Workers' Compensation (DWC) policies or guidelines adopted under Labor Code §143.011.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[Check any of the following that were used in the course of this review.]

- 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.
- X** ODG – OFFICIAL DISABILITY GUIDELINES & 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).

Texas Department of Insurance and DWC rules and regulations. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001 (C) (1) (A) states: The employee is specifically entitled to healthcare that: (1) Cures or relieves the effects naturally resulting from the compensable injury (2) Promotes recovery OR; (3) Enhances the ability of the injured worker to return to or retain employment. 2) ODG, 11th edition, regarding work conditioning/work hardening criteria Work conditioning, work hardening Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. (Schonstein-Cochrane, 2003) Work Conditioning should restore the client’s physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual’s measured tolerances. (CARF, 2006) (Washington, 2006) See Physical therapy for the recommended number of visits for Work Conditioning. For Work Hardening see below. Criteria for admission to a Work Hardening Program: 1. Physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. 2. A defined return to work goal agreed to by the employer & employee: a. A documented specific job to return to, OR b. Documented on-the-job training 3. The worker must be able to benefit from the program. Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. 4. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. 5. Program

timelines: Work Hardening Programs should be completed in 4 weeks or less. 1) Texas Department of Insurance and DWC rules and regulations. Texas Labor Code 408.021 and specific commission rule TWCC 134.1001 (C) (1) (A) states: The employee is specifically entitled to healthcare that: (1) Cures or relieves the effects naturally resulting from the compensable injury (2) Promotes recovery OR; (3) Enhances the ability of the injured worker to return to or retain employment.

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CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.