

# P-IRO Inc.

An Independent Review Organization

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## **DATE OF REVIEW:**

AUGUST 29, 2007

## **IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Work conditioning five times a week for four weeks

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

Board Certified Orthopedic Surgeon

## **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**

Office notes, Dr., 10/30/06, 12/14/06, 01/11/07, 02/08/07, 02/22/07 03/23/07, 04/02/0704/23/07, 05/21/07, 06/20/07, 07/05/07 and 07/26/07

Occupational therapy note, 11/01/06

Functional capacity evaluation, 07/03/07

Work conditioning/work hardening note, 07/20/07

Note, 07/27/07

Denial noted, 08/02/07

IRO Assignment

Chest X-ray 03/09/07

Electrocardiogram, 03/14/07

History and Physical noted, 03/21/07

Work Conditioning Records

Case Notes

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female injured when a ladder slipped. She followed with Dr. following her injury for left shoulder pain and limited motion. It was noted that an MRI showed a small supraspinatus tear. From 10/30/06 through 02/07 the claimant had persistent pain

despite treatment with therapy, medications, activity modification and an injection. Records indicated that she had a left shoulder rotator cuff repair on 03/21/07.

Following surgery she was followed by Dr. On the 04/23/07 visit he noted that she was doing better than prior to surgery and she was in therapy. At that time Dr. noted that the claimant's work site had closed down. Her motion remained limited and Dr. did provide work restrictions. She progressed slowly in therapy in terms of motion and was referred for a Functional Capacity Evaluation. The evaluation took place on 07/03/07. The report indicated that she gave a good effort. Her job required her to lift 35 pounds with frequent overhead lifting. At the time of the evaluation she was able to lift 20 pounds floor to knees, 10 pounds over shoulder height, and she was able to carry 25 pounds.

The claimant attended two weeks of work conditioning. The report at the end of the two weeks on 07/20/07, the report indicated that she showed good effort and that she had attended all sessions. Her left shoulder mobility was reported to be improved but she remained limited in her overhead abilities. She was able to lift 25 pounds floor to knee, and knee to chest, lift 15 pounds from her waist to her shoulder and was able to carry 25 pounds. It was again noted that the claimant did not have a job to which she could return. Dr. evaluated the claimant on 07/26/07. On examination forward flexion and abduction were 120 degrees with strength five/five. Additional work conditioning was recommended. This was denied twice on peer review and a dispute resolution was requested.

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

Records provided show that this is a female now post left shoulder rotator cuff repair. She had therapy following her surgery with slow progress in terms of motion and that was followed by two weeks of work conditioning. In looking at the records, a functional capacity evaluation done on 07/03/07 documented her abilities to lift and carry. The 07/20/07 work conditioning report written after two weeks in the program showed little change in terms of the lifting and carrying abilities. In addition, Official Disability Guidelines recommend that the claimant should have a job to return to. Various places in these records, specifically on 04/23/07 and 07/20/07, note that the claimant no longer has a job and as such the rationale for this ongoing treatment is not clear.

In short, in light of the limited objective improvement with the previous program and the lack of a job to which she is expected to return, the request for work conditioning five times a week for four weeks cannot be recommended.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Shoulder - 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 consecutively or less.

**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)