

# P-IRO Inc.

An Independent Review Organization

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**DATE OF REVIEW:** *December 10, 2007*

**IRO CASE #:**

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

*10 sessions of work hardening*

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

*A Chiropractor with 11 years of treating patients in the Texas Workers' Compensation system as a level II approved treating doctor*

**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**

*Notes from MD dated 10/9/07, notes from DC dated 11/6/07, FCE by DC dated 9/26/07, notes from DC dated 8/21/07 and 10/3/07, notes from LPC dated 8/16/07, notes from MD dated 3/12/07, and left shoulder MRI dated 2/8/07, No ODG Guidelines.*

**PATIENT CLINICAL HISTORY [SUMMARY]:**

*This patient is employed as a xxxxt. He slipped on a piece of sheet metal and fell on his left shoulder, resulting in a rotator cuff tear.*

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

*The 10 sessions of work hardening is not reasonable or medically necessary according to the below referenced criteria. The ODG would not support continued work hardening after 20 sessions were completed. There are additional care methods that would be beneficial at this point in care. There is no reason to believe there would be a greater positive outcome with 10 extra sessions than what already exists. Therefore, the 10 sessions of work hardening is not reasonable or medically necessary.*

**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)**