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DATE OF REVIEW: **DECEMBER 5, 2007**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
28 visits of WHP (DOS-06/23/07 through 07/31/07)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years.

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation does not support the medical necessity of the 28 visits of WHP in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Center

- Office Notes (01/24/07 – 09/29/07)
- Psychotherapy (02/15/07 – 09/19/07)
- FCE (06/21/07, 07/18/07, 08/23/07)
- Therapy Notes, WHP (06/22/07 – 08/28/07)

Insurance

- Employer's first report of injury
- Office Notes (03/15/06 - 08/29/07)
- Radiodiagnostic study (03/21/06 - 03/14/07)
- Surgery notes (04/14/06)
- Therapy notes (05/02/06 – 07/07/06)
- FCE (11/16/06, 06/21/07, 08/23/07)
- Therapy notes (05/02/06 – 07/07/06)
- Medical reviews/examination (08/01/06, 02/22/07)
- Preauthorization review report (02/07/07, 02/23/07)
- Psychotherapy notes (05/09/07)

- Medical reviews (07/19/07)
- DWC 62 (06/22/07 – 09/02/07)

ODG guidelines have been utilized for the denial.

PATIENT CLINICAL HISTORY [SUMMARY]:

Mr., a , tripped over a dust pan and fell injuring his right shoulder while to break the fall.

M.D., evaluated him and noted a history of left wrist and hand surgery in xxxx leading to permanent restricted work duty. She suspected right labral tear and prescribed Aleve, Cytotec (for stomach ulcers), and Naprosyn. Magnetic resonance imaging (MRI) of the right shoulder showed large full-thickness suprahumeral rotator cuff tendon tear involving the supraspinatus and infraspinatus tendons with 3.5 cm of retraction, large glenohumeral joint effusion with prominent fluid coursing through the tendon defect into the subacromial/subdeltoid bursa, prominent degenerative change in the acromioclavicular (AC) joint, and subarticular degenerative cysts in the posterior humeral head. On April 14, 2006, M.D., performed subacromial decompression with rotator cuff repair, biceps tendon repair, and distal clavicle excision of the right shoulder. Postoperatively, the patient attended 24 sessions of active physical therapy (PT), and was treated with Aleve, Vicodin, and Celebrex. The patient did well, but still had limited motion of the shoulder. He was instructed on a home exercise program (HEP). M.D., a designated doctor, diagnosed residuals of adhesive capsulitis and deferred assessment of maximum medical improvement (MMI). In September, Dr. stated the patient would continue to be off work since he was retired. The patient complained of depression and wanted to find a job. A functional capacity evaluation (FCE) placed him at a light-medium physical demand level (PDL). Dr. reviewed this evaluation and gave indefinite restrictions for prolonged standing, sitting, squatting and lifting. D.O., assessed clinical MMI as of October 23, 2006, and assigned 7% whole person impairment (WPI) rating.

In January 2007, D.O., diagnosed failed surgical repair of right shoulder, adhesive capsulitis, and intractable pain. He made an orthopedic and psychiatric referral and refilled Aleve and Vicodin. M.S., L.P.C., diagnosed single episode of moderate major depressive disorder secondary to work injury. The patient attended 12 sessions of individual psychotherapy and was prescribed with Paxil. In February, per pre-authorization determination report, additional PT was non-authorized. M.D., an orthopedic surgeon, suspected rotator cuff tear. MRI of the right shoulder showed a large recurrent full-thickness rotator cuff tear. Though the patient had limited motion of the shoulder, he had no pain. Drs. and suggested a surgical option. Dr. assessed clinical MMI as of February 22, 2007, and assigned 11% WPI rating. Per IRO decision report, dated April 13, 2007, additional PT three times a week for four weeks was not considered medically necessary. In May, Dr. recommended a multidisciplinary return to work program. In an FCE, the patient qualified at the light-to-medium PDL. From June 22, 2007,

through August 1, 2007, he attended 28 sessions of work hardening program (WHP). The interim and final FCE indicated the light-to-medium PDL status.

In July, M.D., performed a medical records review and opined as follows: (1) the patient was currently retired and was not working. WHP should have a defined return to work goal agreed upon by the patient and employer. The patient was assigned a light-medium work classification and could find employment in this category if he so desired. WHP was not necessary or reasonable for this gentleman who desired work part time. (2) Further PT was not indicated. The patient could continue HEP. He was having no symptoms currently as regards to his shoulder other than slight pain on flexion and was not taking any medications.

From August 14, 2007, through September 19, 2007, the patient attended five sessions of individual psychotherapy out of six authorized sessions. On August 29, 2007, Dr. noted the patient was doing much better. He felt that the patient had reached MMI. He recommended periodic follow-up for medication management and releasing the patient to self care after he had finished psychological counseling. In response to Dr. opinions, Dr. opined as follows: The recurrent rotator cuff prevented him for returning to the workforce. The patient had no choice but to attempt to return to gainful employment as the retirement was not financially realistic for him. There was a well defined return to work goal for the patient to return to work in the housekeeping/cleaning job with a different employer. The patient had tolerated WHP well with some modification for his knee which was a result of the non-injury related fall prior to the program participation. He had made some substantial gains in strength and endurance. While in the program, the strength increased by about 10% and 30-40% improvement in shoulder lift and material handling.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. PATIENT DID NOT HAVE A SPECIFIC JOB TO RETURN TO, WORK HARDENING FOR A SHOULDER INJURY IS QUESTIONABLE AND MIDWAY THROUGH THE PROGRAM THERE WAS NO IMPROVEMENT AS NOTED ON BEGINNING FCE AND INTERIM FCE. THIS DOES NOT MEET THE CRITERIA FOR ADMISSION OR CONTINUATION OF A WORK HARDENING PROGRAM.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

X DEPARTMENT OF LABOR