

**Envoy Medical Systems, LP**  
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Austin, Texas 78758

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IRO Certificate #

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**DATE OF REVIEW:** 7/16/07

**IRO CASE #:**

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

Work conditioning program 10 sessions

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

D.O. Board Certified in Physical Medicine and Rehabilitation

**REVIEW OUTCOME**

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

X Upheld (Agree)

Overtaken (Disagree)

Partially Overtaken (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**

Denial letter – MRI right shoulder report 3/23/06,

Medical records– 3/28/06, Dr.

Medical records 21/5/05 – 5/15/06, Dr.

Medical records 4/10/06 – 10/11/06, Dr.

FCE 4/2/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who was working on a wet floor when he slipped and fell on his right shoulder. An MRI revealed a full thickness tear of the distal subscapularis tendon, a dislocated long head of the biceps tendon, and a partial tear of the supraspinatus tendon. The patient underwent surgical repair on 4/20/06. His post-operative course was unremarkable. He participated in post-operative physical therapy, and also was treated concurrently with osteopathic manipulation. A 4/2/07 FCE rated strength and endurance

in the cervical and lumbar spine. No mention was made of the shoulder. The FCE report states that the patient was working “under distress.” The report also states that the patient had been treated for his shoulder, but had not had therapy for his neck.

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

The patient had an injury to his shoulder that required surgical repair. He then underwent extensive physical therapy, reportedly 112 therapy sessions according to the carrier. The patient also has had continued neck pain for which he has not received any physical therapy. The FCE report did not mention any functional deficits in the shoulder. Pain, decreased ROM, and strength deficits in the neck and low back are listed as the limiting factors in the patient’s ability to return to full duty. It would not be medically appropriate to consider a work conditioning program for deficits in the neck prior to treating the neck with physical therapy, along with continued working with restrictions and gradual progression back to full duty, and a continued home exercise program so that the patient will be less likely to suffer any relapse.

**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 JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XODG- 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)**