



AMENDED July 3, 2007

REVIEWER'S REPORT

DATE OF REVIEW: 06/28/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work conditioning program.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Duly licensed physician in the State of Texas, fellowship-trained in Pain Management, board certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, DWC Approved Doctor List Level II, with twenty years of experience in chronic pain management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Medical records of Dr. from 01/23/06 through 06/18/07
2. Functional Capacity Evaluation dated 04/18/07
3. Physician adviser opinions of 04/17/07 and 04/26/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was allegedly injured after a pulling incident involving his left shoulder and neck. He underwent discectomy and fusion of C5/C6 but continued to have left shoulder pain. At that point he was referred to Dr. for initial evaluation on 01/23/06. Dr. ordered a left shoulder MRI scan, which demonstrated suggestion of a SLAP lesion for which Dr. recommended surgery.

On 03/16/06 Dr. performed left shoulder SLAP repair.

He followed up with the claimant on 03/20/06, recommending passive range of motion exercises for four weeks, after which the claimant would be advanced to active physical therapy. Although the claimant appeared to be a frozen shoulder syndrome postoperatively, that resolved on 05/15/06.

The claimant was eventually referred to a work conditioning program, beginning that sometime around September 2006. He completed the work conditioning program by 11/10/06 but continued to have stiffness and popping in the left shoulder.

Dr. then recommended that the claimant undergo left shoulder distal claviclectomy with arthroscopic surgery. That surgery was performed on 12/12/06. Postoperatively the claimant initially underwent passive range of motion exercises.

He returned to Dr. on 02/09/07, continuing to complain of left shoulder pain and tightness, now also complaining of right shoulder pain, even though the right shoulder was not involved in the injury. Dr. recommended that the claimant begin active range of motion exercises.

He followed up with the claimant, three months status post surgery, stating that the claimant now had pain in both shoulders.

At the four-month postoperative point, Dr. documented that the claimant was continuing in formal physical therapy with "excellent motion and improved strength."

He therefore referred the claimant for a Functional Capacity Evaluation, which was performed on 04/18/07. In that evaluation, it was noted that the claimant's job requirement was a 75-pound lift from the floor and that the claimant was capable of 120-pound lift by "measured maximum tolerance." Additionally, range of motion measurements indicated that the claimant had only minimally decreased range of motion of the left shoulder relative to the right. The claimant met five out of seven job requirements regarding lifting and carrying. Validity profile indicated that the claimant failed two out of six validity tests. According to the tenth page of the Functional Capacity Evaluation, the claimant qualified at a "very heavy" physical demand classification. Two separate physician advisers reviewed the request for twenty sessions of a work conditioning program. Both of them found the request to be not medically reasonable or necessary.

Dr. followed up with the claimant at the five-month point after surgery, stating that he would appeal the denial.

On 06/18/07 Dr. again followed up with the claimant, noting that he continued to have "increased pain with overhead use." He again recommended appeal of the work conditioning program request.

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

First and foremost, this claimant completed a full work conditioning program sometime in November 2006 after his initial surgery. Despite that program, the claimant went on to have another surgery of the left shoulder for which another twenty sessions of work conditioning have now been recommended. The Functional Capacity Evaluation on 04/18/07, however, does not demonstrate any significant functional deficits that would require a work conditioning program, especially since this claimant has had over forty physical therapy sessions and a previous twenty-session work conditioning program. Range of motion and strength studies clearly demonstrated minimal to no deficits regarding the claimant's functional status and ability to function at his previous work physical demand level. Absent evidence of significant functional deficits, a work conditioning program is not medically reasonable or necessary, especially in a claimant such as this one who has already undergone a work conditioning program and extensive physical therapy and, therefore, should be able to do home exercises rather than require repeating a work conditioning program. Therefore, based upon the entirety of the record, the adverse determination regarding a work conditioning program should be upheld.

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

(Check any of the following that were used in the course of your 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.
- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)