

# I-Decisions Inc.

71 Court Street  
Belfast, Maine 04915  
(207) 338-1141 (phone)  
(866) 676-7547 (fax)

**DATE OF REVIEW:** 7-16-2007

**IRO CASE #:**

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

Work Hardening Program 8 hours per day for 2 weeks CPT codes 97545-WH and 97546-WH

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

AADEP Certified  
Whole Person Certified  
TWCC ADL Doctor  
Certified Electrodiagnostic Practitioner  
Member of the American of Clinical Neurophysiology  
Clinical practice 10+ years in Chiropractic WC WH Therapy

## **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**

Request IRO form, IRO request and forms, TDI letter, HDI pre-auth determination and subsequent review dated 6-13-2007 and 6-26-2007, Letter from Center 6-20-2007 12-pages, script Dr. DO for dated 5-25-2007, medical report Dr. DO 5-25-2007, Pre-authorization request date 6-7-2007 for WH 10-

sessions 11-pages, MRI cervical spine and left shoulder dated 11-21-2006 – Dr. MD read, operative report left RCT 2-01-2007.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

On xx/xx/xx, the claimant reported an injury and subsequently underwent a left shoulder acromioplasty and rotator cuff repair on 2-01-2007. MRI of the cervical and left shoulder was performed on 11-21-2006. The injured employee was seen by multiple providers: Dr., Dr., Dr., Dr. Dr., and by and LPC. The injured employee underwent a FCE and psychological testing with a Beck score placing her in a moderate to severe symptom of depression. The injured employee is currently controlling depression and pain with pharmaceuticals. Dr. has requested 10 sessions of work hardening program.

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

The injured employee reported an occupational injury on xx/xx/xx. MRI of the cervical spine was positive for a 1-2mm disc protrusion at C5-6. MRI of the left shoulder was positive for full thickness tear of the distal supraspinatus tendon. The injured employee sought treatment for her symptoms and eventually underwent surgery to the left shoulder on 2-01-2007. The injured employee has been evaluated by multiple physicians that have relatively concurred with the current treatment and diagnosis. The injured employee meets the entrance criteria for the psychological and physical components for a work hardening program. The injured employee is likely to benefit from the program and the current level of function is due to the injury. The injured employee's medical, psychological, and other conditions do not prohibit participation and the injured employee is capable of attaining employment after completion. The injured employee meets the above Guidelines, recommendations from multiple providers, and all entrance criteria for a work hardening program. The request for 10 sessions of work hardening 8 hours per day is supported by the documentation reviewed.

**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)