

P-IRO Inc.

An Independent Review Organization

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DATE OF REVIEW: 6-7-2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening

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

AADEP Certified

Doctor of Chiropractic

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)

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

IRO request and forms, letter dated 5/16/07, 1/31/07, 3/27/07, 1/9/07, test evaluation dated 9/20/06, 10/3/06, 10/18/06, 11/1/06, 11/16/06, Initial Evaluation by Dr. dated 4/11/07, 2/13/07, MRI right shoulder 11/22/05, Medical Review

Institute letter dated 7/17/06, peer review, Review past notes, Exam Dr. dated 7/3/06, 6/20/06, 6/5/06, 6/8/06, 4/21/06, notes 5/1/06 through 5/19/06, Operative report right shoulder 4/17/06, MRI right shoulder 3/29/06, Operative report , MRI right shoulder, Initial report Dr..

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured while working. The injured employee injured his right shoulder and thoracic spine, while opening a airplane cargo door. The employee eventually fell under the care of Dr. and was referred to Rehabilitation for a certified work hardening program. It was noted that the injured employee has undergone 2 previous arthroscopic and rotator cuff repairs and a MUA to the right shoulder. The injured employee was evaluated and placed into a certified work hardening program from.

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

The injured employee had undergone surgery x2 to the right shoulder and MUA to the right shoulder. The injured employee underwent therapy and was assessed to a work hardening program. Examinations, FCE, and other providers concurred for a return to work program. The claimant meets the criteria for a return to work program. Carrier had recommended at least 2-weeks of work hardening and paid for several days of work hardening. The injured employee shows improvement under the program, which is a criteria under the ODG.

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)