

MEDICAL REVIEW OF TEXAS

10817 W. Hwy. 71
Phone: 512-288-3300

Austin, Texas 78735
FAX: 512-288-3356

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DATE OF REVIEW: NOVEMBER 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening program (97545-WH and 97546-WH), 5 times per week for 2 weeks (10 sessions)

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

Doctor of Chiropractic

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

1. TDI-DWC forms, including denial information
2. Initial pre-authorization request from treating doctor, dated 10/18/2007
3. Carrier initial denial, dated 10/23/2007
4. Reconsideration pre-authorization request from treating doctor, dated 10/30/2007
5. Carrier reconsideration denial, dated 11/5/2007

6. Functional Capacity Evaluation (FCE) and Summary, dated 9/20/2007 and 9/21/2007, respectively
7. Subsequent FCE and Summary, dated 10/24/2007
8. Work hardening program progress notes, multiple dates
9. Employers First Report of Injury or Illness, dated xx/xx/xx
10. Carrier paper claim review, dated 9/12/2007
11. Treating doctor's daily treatment notes, multiple dates
12. Physical performance evaluations, multiple dates
13. Plumb line analysis, dated 7/30/2007
14. Medical necessity statement for dispensing muscle stimulator, dated 6/28/2007
15. Operative report and associated hospital records, dated 6/18/2007
16. Initial hospital emergency room records, dated xx/xx/xx
17. Orthopedic consultation and report, dated 5/14/2007
18. MRI report, right shoulder, dated 5/1/2007
19. X-ray report, right shoulder, dated 5/1/2007
20. Medical records from previous compensable lower back injury, Report of brain CT without contrast, 2 view chest series, 3 view left elbow series, 5 view lumbar spine series, 3 view right ankle series, 4 view cervical spine series, single AP view pelvis, 2 view left hip, 2 view right hip, and 3 views right elbow, all dated 4/16/2007
21. Copy of claimant's "Recorded Statement Summary," dated 4/19/2007
22. Multiple DWC-73s

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male bricklayer who, on xx/xx/xx (NOTE: Date of injury unclear, as some documents indicate DOI as xx/xx/xx), was working on a scaffolding when the hook broke and he fell twelve feet, landing onto his right shoulder. He was initially transported and attended at a local emergency room where he was examined, x-rayed and released.

He presented 4 days later (on xx/xx/xx) to a doctor of chiropractic and began a trial of conservative chiropractic care, but despite these efforts, the claimant eventually underwent arthroscopic rotator cuff repair on 6/18/2007, followed by post-operative physical therapy. In October 2007, he completed 10 sessions of work conditioning with demonstrated improvement. The treating doctor then requested pre-authorization for a work hardening program.

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

In this case, the medical records submitted adequately documented that the claimant fell while at work and subsequently sustained injuries to his right shoulder, jaw, left ribs, right elbow, head and inguinal area. The records further document that the claimant eventually underwent surgical repair of a full thickness tear of the supraspinatous tendon of his rotator cuff, and despite a reasonable trial of post-operative physical therapy and rehabilitation, the claimant remained at an insufficient PDL to return to his pre-injury status as a bricklayer.

The carrier stated in both their initial and reconsideration denials that—as a basis for their denial—the claimant did not qualify for entrance into a work hardening program. However, according to the current online edition of *ODG*, the claimant did indeed sufficiently qualify for entrance, specifically that:

1. His physical recovery is certainly sufficient to participate at least 4 hours a day for three to five days per week, as evidenced by the fact that the records document that he has already participated in 2 weeks of work hardening with remarkable success, benefit and functional improvement; and,
2. The records indicate a clear work goal to reach a heavy PDL; and,
3. Benefit from the program's first 2 weeks was remarkable, so it is only reasonable to assume that this will continue to occur; and,
4. The worker is not more than 2 years post-injury; and,
5. The timeline for completion can easily be met.

More importantly, however, is the fact that 2 previous weeks of work hardening have already caused markedly improved functional impairments for the claimant, as demonstrated by the 2 functional capacity evaluations performed first on 9/20 and then again on 10/24. Specifically, these evaluations show that both lifting and carrying improved from 45 lbs. to 75 lbs., overhead improved from “no ability” to 35 lbs., and pushing/pulling improved from only 35 lbs. to 85 lbs. Since the claimant has already shown objective functional improvement with the initial 2 weeks of the work hardening program, and since the claimant is still not quite to his required PDL, it is reasonable to assume that additional objective benefit will be

achieved with an extension of this program. Therefore, the requested 10 additional sessions of work hardening is supported as medically necessary.

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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 - REFERENCED
- 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)