

## Notice of Independent Review Decision

### DATE OF REVIEW:

10/12/2007

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Conditioning for 20 sessions.

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

Board Certified Chiropractor

### REVIEW OUTCOME

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

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.

**The medical necessity for the application of the work conditioning as requested is not established.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 09/27/07
- MCMC Referral dated 09/27/07
- Claims Management: Independent Review Organization Summary dated 09/28/07
- Claims Management: Letter dated 09/27/07 from IRO Coordinator
- DWC: Notice To MCMC, LLC Of Case Assignment dated 09/27/07
- DWC: Confirmation of Receipt of a Request For a Review dated 09/25/07
- LHL009: Request For a Review By An Independent Review Organization dated 09/25/07
- Review Determinations dated 09/24/07, 09/14/07
- DWC: Physician/Provider Complaint Form dated 09/17/07
- D.C.: Pre-Authorization Request dated 09/11/07
- DWC Form-73: Work Status Reports with return to work dates of 09/06/07, 08/07/07, 08/06/07, 07/06/07, 06/07/07, 05/06/07
- Functional Capacity Evaluation dated 08/14/07
- Center: Patient Re-Evaluations dated 08/13/07, 05/04/07
- Center: Daily Progress Notes dated 05/24/07, 05/11/07, 04/23/07, 04/11/07
- Associates: History and Physical Examination dated 04/12/07 from M.D.
- MRI & Diagnostic: MRI left shoulder dated 04/12/07
- Return To Work Activity Prescription dated 03/08/07
- Center: Initial Consultations dated 03/07/07, 02/27/07 from D.C.
- DWC Form-1: Employers First Report of Injury or Illness

- Worker's Compensation Request For Medical Care dated 02/26/07
- Center: Handwritten office note dated 02/26/07
- DWC Form-73: Work Status Report dated 02/26/07
- DWC Form-73: Work Status Report with 02/27/07 as the date the medical condition prevented the employee from returning to work
- Undated Associate Statement-Workers Compensation
- Administrative Services Supervisor: Undated memo
- Official Disability Guideline not supplied by carrier

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Records indicate that the above captioned individual is a male who was allegedly involved in an occupational incident that reportedly occurred. The history reveals that the specific mechanism of injury was pushing a series of ten to eleven shopping carts. The injured individual presented to the office of the attending provider (AP) with complaints to the left shoulder, mid back and low back. He was initially sent to the company doctor, however the treatment rendered at that time is not revealed in the documentation. The injured individual changed treating doctors to the current AP and presented on 02/27/2007 where an initial examination was performed and a course of chiropractic management was initiated including passive and active care. An MRI of the left shoulder dated 04/27/07 revealed no tears. The MRI did reveal supraspinatus tendinosis as well as hypertrophic changes to the acromioclavicular (AC) joint. The injured individual was returned to modified duties on or before 06/07/2007. A Functional Capacity Exam (FCE) indicated that the injured individual was performing at a Medium-Heavy Physical Demand Level (PDL) and the documentation suggests that the injured individual's required PDL is Heavy.

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

The documentation fails to clearly establish the medical necessity for the application of the requested 20-session course of work conditioning. Specifically, the injured individual is some months post injury and there are no reasonable expectations for the continued delivery of intensive provider driven care for the injuries of record, uncomplicated soft tissue injuries, at this juncture. Furthermore, the injured individual has been performing his occupational duties in at least a modified capacity for the past three to four months. The Official Disability Guideline (ODG) suggests that having a worker return to normal activities has the best long term outcome as opposed to provider driven care including return to work programs. Moreover, the FCE reveals that the injured individual is performing very near to the required PDL of Heavy. The injured individual was able to lift at least 91 pounds on the date of testing and the requirement for a Heavy PDL work designation is 100 pounds. Therefore, consistent with the ODG and consistent with the arguments raised in the above discussion, the medical necessity for the application of the requested 20-session course of work condition is not established.



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

- **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**