



REVIEWER'S REPORT

DATE OF REVIEW: 09/07/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Work conditioning program.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, 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. A 05/02/07 report from Dr. The injured employee is a female who worked as a seamstress when on she sustained an injury to her right shoulder. He found have to have some limitation in flexion and abduction of the right shoulder. He indicated a Functional Capacity Evaluation had been ordered. He referenced that the injured employee provided inconsistent and submaximal effort during the Functional Capacity Evaluation. He recommended four to six weeks of work hardening.
2. Notes from the dated with a report of a right shoulder injury. X-rays were “negative” by Dr. On 03/09/06 the nurse that saw her stated, “She grimaces with minimal exertion of joint.”
3. An Incident Report stating that the injured employee was injured when she was “reaching for a cart with bundles, cart hit chair, and right shoulder popped.”
4. A note from nurse dated 03/24/06. She questioned how someone could tear a rotator cuff while being struck in the back of a chart with a cart. It would appear as

though the examinee was actually pulling on the cart when it hit the chair with the subsequent pop in the shoulder. This could result in a rotator cuff problem.

5. Notes.
6. Work station setup diagram.
7. Notes from Dr. They injected her right shoulder on 08/23/06 and recommended increased strengthening, exercise, and therapy.
8. MRI scan of the right shoulder read by Dr. on 03/10/06 shows "very minimal partial thickness tear of the rotator cuff."
9. Numerous notes from.
10. Physical therapy notes from 07/31/06.
11. Operative note of 08/13/06, which was "mini-arthrotomy of the right shoulder with repair of torn rotator cuff." This was performed by Dr.
12. Postoperative MRI scan on 09/20/06 read by Dr. shows "postoperative changes, mild impingement syndrome without evidence of full thickness rotator cuff tear."
13. Additional physical therapy notes from from 09/22/06. She was doing a lot of typical exercise in the therapy sessions.
14. O 12/11/06 Dr. suggested she might wish to undergo another surgical procedure for the impingement.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

She apparently pulled a cart behind her back with her right arm, and the cart hit the back of her chair, causing a pop in the right shoulder. Following this she had extensive physical therapy as well as an injection in the shoulder. She had an MRI scan study and ultimately had a mini-arthrotomy to repair a partial thickness rotator cuff tear. She still had symptoms after the surgery and had more therapy. A post surgical MRI scan showed possible impingement syndrome. She has been recommended to have additional surgery but has not, to my knowledge, done so. She has had additional physical therapy. She had an evaluation on 05/02/07 with some limitation of mobility still identified with a suggestion of four to six weeks of work hardening. Unfortunately, the doctor that made who recommendation also pointed out that her efforts in the Functional Capacity Evaluation were suboptimal and inconsistent.

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

According to the Occupational Disability Guidelines, work conditioning is "recommended as an option depending on the availability of quality programs and should be specific for the job the individual is going to return to (Schonstein-Cochran, 2003). Work conditioning should restall the client's physical capacity and functioning. Work hardening should be work simulation and not just therapeutic exercise. It should also be for psychological support. Work hardening is an interdisciplinary, individualized job-specific program of activity with the goal or return to work. Work hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances (Carff, 2006) (Washington, 2006).

Criteria for admission to a work hardening program: physical recovery sufficient to allow for progressive reactivation and participation for a minimum of four hours a day for

three days to five days a week, a defined return-to-work goal agreed to by the employee and employer, a documented specific job to return to, or documented on-the-job training. The worker must be able to benefit from the program. Approval of this program should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program. The worker must be no more than two years post date of injury. Workers that have not returned to work by two years post injury may not benefit. Program time lines: work hardening program should be completed in four weeks or less.”

Based on my guidelines and my review of the records, it is my opinion that the injured employee is not a good candidate for work conditioning. She exerts suboptimal effort on Functional Capacity Evaluation testing as well as inconsistent effort. She has had adequate exposure to reconditioning via physical therapy where there has been effort to increase her strength, function, and mobility. As I understand her job duty as a seamstress, she does not have to place her shoulder in a position that is limited on physical examination. She may need to restructure her work environment as it relates to putting her arm behind her back to pull carts, but it would appear from the diagram that this can be addressed by standing up and turning, grasping the cart, and sitting back down.

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.)