

# True Resolutions Inc.

An Independent Review Organization  
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Notice of Independent Review Decision

**DATE OF REVIEW:** August 24, 2008

**IRO CASE #:**

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

10 visits of Outpatient Work Hardening Program

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

Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management

**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)

**PATIENT CLINICAL HISTORY (SUMMARY):**

This is a lady who injured her neck and right shoulder when a file cabinet fell off a dolly onto her right shoulder and neck on xx/xx/xx. She was subsequently found to have a SLAP injury and supraspinatus tear. Her prior records reported tingling in her right arm in 2005 and some arthritic changes about her shoulder in a January 2007. Her cervical MRI showed some degenerative changes. She underwent a surgical repair of the shoulder on 4/21/08. An FCE 5 weeks post op showed significant loss of motion and strength. She had a repeat FCE on 7/25/08 that showed restricted motions in all planes. She was able to lift and carry 25 pounds. Her prior job description required her to lift 50 pounds. She was reported (6/4/08) to be doing well in therapy without major problems. A designated doctor examination on 8/1/08 described restricted right shoulder abduction and forward flexion due to pain. She also had restricted external rotation and adduction. Dr. felt she

was at MMI, but Dr. disagreed. Dr. felt she had signs of depression and anxiety for which she underwent an evaluation. Dr. noted on 8/12/08 that she wanted to return to work without work hardening. He objected, but released her with the 25 pound restrictions.

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

The need to refer to guidelines for work hardening would appear to be mute and void. Dr. allowed her to return to work at a less demanding job with the restrictions determined by the July FCE.

**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)**