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Notice of Independent Review Decision

DATE OF REVIEW: 06/25/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Hardening Program x 10 Days/Sessions (5 x 2 weeks)

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

Board Certified in Orthopedic Surgery

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.

Work Hardening Program x 10 Days/Sessions (5 x 2 weeks) - Overturned

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on xx/xx/xx. She sustained a rotator cuff tear that was surgically repaired on 11/15/07 and was referred to a work hardening program on 01/19/08.

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

THE DECISION.

In my medical opinion, work hardening for this patient is medically reasonable and necessary.

The patient was injured in xxxx and she did not undergo surgery until the last part of 2007. She now has a severe problem with respect to her right shoulder, i.e. adhesive capsulitis and she had repair of her rotator cuff of the injured shoulder. Therefore, she has a significant physical problem with respect to her right shoulder that necessitates medical treatment.

It has been well documented that work hardening or physical therapy modalities for adhesive capsulitis of the shoulder are really the best methods for regaining range of motion and only as range of motion is obtained can pain be dissipated.

The second and probably most difficult aspect of this patient's injury is the psychoemotional aspect. It has been very well documented in the medical records that she has significant stress, significant anger, and significant anxiety. The medical records also show that she has an appropriate response to all of these issues and she also shows significant motivation to get well with no evidence of abnormal behavior that is consistent with problems in a nonphysiological basis. It has been shown in the medical literature that patients who have those appropriate responses i.e. anxiety, anger, fear, yet manifest appropriate psychoemotional responses do very well in work hardening. However, when work hardening or some form of physical therapy modalities are not afforded to them, it only causes worsening of their symptoms.

Therefore, I feel it appropriate that she receive work hardening.

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)**