

Clear Resolutions Inc.

An Independent Review Organization

7301 Ranch Rd 620 N, Suite 155-199

Austin, TX 78726

Fax: 512-519-7316

Notice of Independent Review Decision

DATE OF REVIEW: MAY 15, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of ten sessions of work hardening, five times a week for two weeks

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

M.D., Board Certified Orthopedic Surgeon

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)

The reviewer finds that ten (10) sessions of work hardening, five times a week for two weeks is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 4/14/08, 4/21/08
Official Disability Guidelines Treatment in Worker's Comp 2008, Shoulder counselor 10/08/07
Office notes of 10/29/07, 11/05/07, 11/12/07
FCE 12/18/07
Dr. ortho note 01/29/08
MR arthrogram left shoulder 02/15/08
Prescription for therapy 02/28/08
FCE 03/12/08
Dr. ortho note 03/28/08

Office notes Dr. 04/02/08, 04/14/08
Dr. ortho note 04/10/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female injured when she slipped and fell and injured her left shoulder. According to the records the claimant had a mini open rotator cuff repair on 06/01/07 followed by persistent pain and limited motion.

A 12/18/07 FCE noted that the claimant's job was in a medium job classification and that her level of function at that time was sedentary with no overhead. The claimant was reported to have shown good effort and a valid test. She had deficits in motion and strength. Her job required sitting 1 hour, standing 3 hours and walking 4 hours; occasional climbing, kneeling; frequent crouching; continuous bending/stooping, squatting, reaching above shoulder level, reaching out, pushing and pulling; occasional lifting 50 pounds; fine manipulation and firm grasping.

On 01/29/08 Dr., ortho, saw the claimant for reports of pain and weakness since surgery. On examination forward flexion was 140 degrees with positive impingement and Hawkins. Abduction was 80 degrees. She had weakness with forward flexion and abduction and there was subacromial, AC and biceps tenderness. He recommended an MR arthrogram.

The 02/15/08 MR arthrogram of the left shoulder documented contrast in the glenohumeral joint extending to the subcoracoid-subscapularis bursa and biceps tendon sheath. There was fibrotic scarring partially obscuring the rotator tendon and degenerative changes of the acromioclavicular joint. No cuff or labral tear was identified. Dr. recommended therapy.

A second 03/12/08 FCE noted the claimant tested at sedentary to light. On 03/28/08 Dr., ortho, saw the claimant for a dedicated doctor evaluation. He noted that the claimant was a waitress at the time of injury but was at that time a teacher. On examination there was a normal cervical examination. Tenderness was noted of the anterior left shoulder with no crepitus or apprehension. Impingement sign was mildly positive. Left shoulder flexion was 150 degrees, extension 40 degrees, abduction 140 degrees, adduction 50 degrees, external rotation 40 degrees and internal rotation 90 degrees. She had normal strength and no atrophy. Pinch strong bilaterally. She had significantly decreased grip strength on the left and below normal on right. Dr.'s impression was left shoulder impingement status post decompression and capsule placcation. He felt she was at maximum medical improvement and could lift 20 pounds floor to shoulder, 10 pounds over shoulder and carry 20 pounds.

Work hardening was requested but denied based on the claimant's current position as a teacher and no measurement of active versus passive motion.

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

The reviewer finds that the requested ten sessions of work hardening, five times per week, times two weeks, is medically necessary.

The records from the functional capacity evaluation of 12/18/07 indicate the claimant technically has a medium-duty job with occasional lifting to 50 pounds. The claimant at this time is reported to only be capable of sedentary to light-duty work. The request falls within ODG guidelines, and it would seem reasonable to proceed as requested with 10 work hardening sessions. This should allow the claimant to return to her former full-duty work.

Official Disability Guidelines Treatment in Worker's Comp 2008, Shoulder Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. ([Schonstein-Cochrane, 2003](#)) Work Conditioning should restore the client's physical capacity and function. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of 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. ([CARF, 2006](#)) ([Washington, 2006](#))

Criteria for admission to a Work Hardening Program:

1. Physical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
2. A defined return to work goal agreed to by the employer & employee:
 - a. A documented specific job to return to, OR
 - b. Documented on-the-job training
3. The worker must be able to benefit from the program. Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
4. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
5. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.

ODG Physical Therapy Guidelines – Work Conditioning

10 visits over 8 weeks

See also [Physical therapy](#) for general PT guidelines

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)**