



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 05/20/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twenty episodes of non-exempt work hardening.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C. in private practice for 29 years, serving as a Designated Doctor since its inception by the TWCC with advanced degrees in Manipulation Under Anesthesia, Peer Review, and Sports Medicine, and having taught for approximately 18 months at a chiropractic college.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

_____ Upheld (Agree)

 X Overturned (Disagree)

_____ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

Approximately 148 pages of documents including but not limited to:

1. Ten pages of information provided by the Texas Department of Insurance to the IRO.
2. From the requestor, there were two pages from the Utilization Review Company on 03/24/08 denying request; two pages from the Utilization Review Company dated 04/21/08 denying request for reconsideration; five pages of work hardening request preauthorization; five pages of request for reconsideration dated 04/14/08; two pages of a patient information sheet; sixteen pages of a Functional Capacity Evaluation performed on 04/10/08; seventeen-page report of the FCE performed on 04/10/08; three pages of a history and physical from Dr. on 02/23/08; seven pages of a case conference performed on 03/04/08.
3. From the utilization review agent, the following documents were submitted: five pages of a request for reconsideration; two pages of a letter from Injury One to Dr.;

sixteen pages of an FCE dated 04/10/08; seventeen pages of a narrative regarding the FCE dated 04/10/08; three pages of a history and physical by Dr. on 02/23/08; seven pages of a case conference performed on 03/04/08; four pages from Diagnostics of an EMG study performed on 02/21/08; seven pages of a followup by Dr. dated 08/29/08; five pages from describing a plan of care and re-evaluation.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injury revolved around a work-related injury to the left shoulder and left arm on XX/XX/XX while the employee was performing his customary duties for his employer as an . While at work he was lifting an obese patient that weighed over 600 pounds onto his stretcher and felt immediate onset of pain in the left shoulder and left arm. The employee first sought treatment from the emergency room and then was referred to an orthopedic surgeon. The patient did receive physical therapy treatments and eventually received shoulder surgery on 03/20/07 to repair a left rotator cuff tear. The patient also received injections for pain and additional pain medication after the surgery. He then transferred his care to, D.O. and is continuing to take pain medication.

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

Both the first Utilization Review physician and the secondary Utilization Review physician after request for reconsideration quoted ODG Low Back/Neck/Shoulder chapters to deny work hardening for this patient. It was stated by these physicians that the patients had had surgery and copious physical therapy to the shoulder and approximately 36 postoperative physical therapy sessions. While the FCE showed the patient to be at light/medium PDL, the patient failed to pass the validity profile for static stream testing.

The criteria by ODG for work hardening program include:

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

As pointed out, request for reconsideration for work hardening is noted that extensive postoperative physical therapy is not a contraindication to progressing into a more structured program such as work hardening, but in fact, it is actually an indication that the

patient may have reached a plateau with outpatient physical therapy and more intensive rehabilitation program such as work hardening may be indicated. It was also pointed out that the patient's BDI-II and BAI fell in the mild range to not preclude his candidacy for work hardening program, but rather the fact that mood symptomatology may be inhibiting his ability to benefit from prescribed rehabilitation to be assisted with a group psychotherapeutic setting offered within the confines of the work hardening program, which would also make him an excellent candidate for work hardening.

It was also noted that work hardening is a multidisciplinary program with a combined medical, occupational therapy and physical therapy team working together with the patient to create an environment that is suited to his particular needs while in the program.

Based upon the information provided by both the carrier and the requestor, it is my opinion that the program recommended met the requirements set by ODG and should have been allowed.

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 judgment, clinical experience and expertise in accordance with accepted medical standards of over 29 years' experience
- 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.)