

MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: November 17, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional 10 sessions (40 hours) work conditioning program

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

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners and Texas Board of Chiropractic Examiners. The reviewer has been in active practice for over 23 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of additional 10 sessions (40 hours) work conditioning program

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization reviews (10/17-08 - 11/06/08)

, Inc.

- Office notes (05/12/08 – 06/27/07)
- Therapy (09/27/07 – 10/06/08)
- Diagnostics (10/10/07 -)
- Procedures (02/11/08)
- DDE (12/11/07 - 10/14/08)

ODG have been utilized for denial

PATIENT CLINICAL HISTORY [SUMMARY]:

Xx/xx/xx, the patient injured her right shoulder while helping to lift a refrigerator.

., M.D., reported the patient had received injections and was treated with Vicodin and ibuprofen following the injury at . She was diagnosed with sprain/strain of

the right and left shoulder, and rotator cuff syndrome; ordered x-rays and recommended rehabilitative treatment. She was undergoing rehabilitative treatment and tolerating it well.

In September, , D.C., assessed sprain/strain of the shoulder/upper arm, muscle spasms, and joint stiffness, placed the patient off work and referred her for orthopedic evaluation. Biofreeze, analgesic cream, and electrical muscle stimulation (EMS) home unit were prescribed.

From September through December, the patient attended 24 sessions of rehabilitative therapy consisting of cold packs, electrical stimulation, and therapeutic exercises.

Electromyography/nerve conduction velocity (EMG/NCV) of the upper extremities was suggestive of bilateral median nerve injury. MRI of the right shoulder revealed partial tear and/or tendinopathy, posterior supraspinatus tendon of the musculotendinous junction, and moderate osseous outlet narrowing, involving the subacromial and subcoracoid spaces.

Dr. gave prescription for conductive garments and recommended use of electrical muscle stimulation (EMS) for six months.

In November, , M.D., an orthopedic surgeon, reported the patient was doing therapy at home with light weights. Based on the MRI findings, he diagnosed right shoulder primary impingement with supraspinatus tendinopathy and recommended proceeding with corticosteroid injections and the ongoing conservative management. If this failed then surgery was to be considered.

On December 11, 2007, Dr. performed a designated doctor evaluation (DDE) and stated that the patient had not reached maximum medical improvement (MMI). The patient returned to sedentary light duty and disability was directly related to the work injury.

, M.D., an orthopedic surgeon, also assessed right supraspinatus rotator cuff tendon tear.

On February 11, 2008, , M.D., performed right shoulder arthroscopic subacromial decompression and examination of the rotator cuff, and debridement of type I SLAP tear. The postoperative diagnosis was right shoulder primary impingement, and type I SLAP tear. Postoperatively the patient was provided with a Rockwood shoulder kit and underwent 34 sessions of rehabilitative therapy consisting of hot packs, electrical stimulation, and therapeutic exercises.

On July 10, 2008, a functional capacity evaluation (FCE) placed the patient in the light physical demand level (PDL). The evaluator recommended participating in work conditioning program (WCP). Initially, the request was denied and then 20 hours of WCP was authorized on July 31, 2008.

On August 18, 2008, in a repeat FCE, the patient functioned at light PDL. She had improved in ROM and strength of her shoulder, but she had not reached her job demands. She was recommended continuing WCP.

From August 21, 2008, through September 22, 2006, the patient attended six visits of PT with Dr. .

On September 2, 2008, request for additional WCP was denied by , D.C, as the FCE dated August 18, 2008, revealed that the patient was functioning in the light PDL and this was virtually unchanged. She continues to have fair cardiovascular conditioning, also unchanged from pre-WCP FCE.

On October 6, 2008, repeat FCE demonstrated the patient to be performing in the light PDL. She had not yet reached her job demand level and hence was recommended continuing WCP.

In a DDE, , M.D., assessed clinical MMI as of May 11, 2008, and assigned whole person impairment (WPI) rating of 5%.

On October 17, 2008, , D.C., denied the request for WCP with rationale: *the patient is reported to have had right shoulder surgery on February 23, 2008. Since that time, the patient has completed 24 visits of post operative PT, and 20 hours of WCP. The patient completed work conditioning trial three weeks ago. The FCE dated July 10, 2008, and October 6, 2008, both report that the patient is capable of light duty capacity. Due to lack of improvement with care rendered from July 10, 2008, through October 6, 2008, the request for continued work conditioning is not appropriate as necessary.*

On November 6, 2008, a reconsideration/appeal for adverse determination was placed, but this was also denied by , D.C. with rationale: *the patient is already functioning at the light PDL and her job description required a light PDL. She is already functioning at this level. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gain. There has been no improvement in functional abilities. The ODG 2007 Shoulder chapter section on WC recommends no more than 10 sessions. The patient has already had 10 sessions with no evidence of functional improvement.*

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

Based on the records submitted, the claimant injured her shoulders moving a refrigerator. Apparently, the left shoulder resolved while the right shoulder continued to hurt. Ultimately, after extensive physical therapy, shoulder decompression and debridement was done. Post surgically, the claimant continued with extensive physical therapy and some work conditioning. The trial of work conditioning did not appear to significantly benefit the claimant. There was some confusion regarding the claimant's work requirements – whether they were in the light or medium physical demands. Regardless, the claimant has received a remarkable duration of post shoulder surgery physical therapy and was certified at maximum medical improvement by a designated doctor with 5% whole person impairment. Further, treatment consisting of the requested work conditioning is not supported by ODG treatment guidelines (24 sessions of physical therapy post shoulder surgery). In addition, the clinical records do not

demonstrate significant benefit with the trial of work conditioning to support more of the same.

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
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES