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Notice of Independent Review Decision

DATE OF REVIEW: November 23, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of work conditioning program.

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

American Board of Physical Medicine and Rehabilitation

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008

- M.D., 04/03/09
- Orthopedics, 05/04/09, 07/30/09
- Surgery Specialty Hospitals 06/10/09
- Pain and Recovery Clinic 06/16/09, 06/25/09, 06/26/09, 07/15/09, 07/16/09, 07/29/09, 08/07/09, 08/18/09, 08/19/09, 08/21/09, 09/09/09, 09/21/09, 09/23/09, 09/26/09, 10/15/09
- Functional Testing, 10/15/09
- 05/02/08, 10/30/09
- 10/20/09

Medical records from the Requestor/Provider include:

- Pain and Recovery Clinic, 10/15/09, 10/26/09, 11/16/09
- Functional Testing, 10/15/09

PATIENT CLINICAL HISTORY:

This male sustained a work related injury on xx/xx/xx, in which he was reportedly carrying when he slipped on some wet ground and fell, injuring his right shoulder.

MRI of the right shoulder reportedly demonstrated some impingement and tendonitis. This study is not available for review, and this report is obtained from information contained within the progress notes provided.

The patient underwent an extensive course of aggressive conservative therapy with a variety of medications, local injections, and physical therapy. Due to persistent pain despite the treatment provided, ultimately, on June 10, 2009, a right shoulder arthroscopy was performed. Repair of a superior labral tear, arthroscopic subacromial decompression, abrasion chondroplasty of the humeral head, and arthroscopic distal clavicle resection were conducted during this procedure.

Post-operatively, the patient participated in a course of physical therapy and was advanced to a work hardening program. His occupation as a cement truck driver requires a heavy physical demand level. A Functional Capacity Evaluation conducted on September 18, 2009 found the patient to be functioning at the Medium physical demand level.

After continuing participation in physical therapy a repeat Functional Capacity Evaluation performed on October 15, 2009 found the patient to be at the Medium-Heavy Level.

As the patient's job position again requires a Heavy physical demand level an additional 10 sessions of Work Hardening/Conditioning were requested. These were denied as the

requested sessions exceeded ODG Guidelines for the diagnosis provided. An appeal of this denial has been submitted.

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

The denial for an additional 10 sessions of a Work Hardening/Conditioning program is upheld. As previously cited, the requested sessions exceed ODG Guidelines for the diagnosis provided, as follows:

ODG Work Conditioning (WC) Physical Therapy Guidelines

WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also [Physical therapy](#) for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.

Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours.

The patient is at the Medium-Heavy physical demand level, and should be well versed in an appropriate home exercise program at this time. He can and should continue to progress with a self directed program of home exercises.

It should be noted that at the time of this submission, he has additionally exceeded maximum length of disability for arthroscopic rotator cuff repair according to MDA Guidelines for a heavy job classification. For a heavy job classification MDA Guidelines list a maximum length of disability of 140 days. Optimum length of disability would be 64 days for a heavy job classification.

Expeditious return to work is advised in this patient's case. ODG Guidelines, 2009 edition, recommends return to work. Early mobilization (return to work) results in other benefits such as decreased pain, swelling, and stiffness; and a greater preserved range of joint motion, with no increased complications. Rest and immobilization appear to be overused as treatment. (Nash, 2004)

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 - MDA Guidelines**