



**DATE OF REVIEW:** 01/12/08

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Work hardening for ten sessions at five times per week for two weeks, eight hours per day.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C. in clinical practice for approximately 30 years with specialties in Sports Medicine, manipulation under anesthesia, Impairment Rating and is a Designated Doctor.

**REVIEW OUTCOME:**

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

I reviewed approximately 143 pages of documents delivered for review of which twenty of those pages were sent by the to the IRO.

Approximately 83 pages were sent by the requestor, which included but were not limited to:

1. Four pages of initial evaluation report dated 06/27/08 and signed by Dr.
2. Reports from Dr. dated 08/08/08, 07/25/08, and 07/03/08
3. An MRI scan report of the right shoulder from MRI dated 06/27/08
4. Reports on the patient dated 10/21/08 and 11/12/08 by Dr.
5. Daily notes from Dr. dated 12/05/08, 11/07/08, 10/24/08, 10/03/08, 09/19/08, 09/05/08, 08/22/08, and 11/21/08
6. Functional Capacity Evaluation reports dated 10/01/08 consisting of five pages
7. Five pages of psychological evaluation of which the date is not delineated
8. The remaining pages are daily notes from

Approximately 39 pages from the respondent were reviewed which include but are not limited to:

1. A cover letter from , R.N., from dated 12/23/08
2. Approximately nine more pages from regarding the referral to the IRO
3. Two reports from dated 12/08/08 and 11/20/08, denying the work hardening sessions
4. A Peer Review report dated 12/04/08 consisting of three pages from Dr. denying work hardening and two pages of a Peer Review report dated 12/04/08 from Dr. consisting of two pages denying work hardening
5. Fax transmission sheet consisting of approximately four pages from to Dr.
6. Daily notes from Dr. dated 10/24/08, 10/03/08, 10/24/08, 10/03/08, 06/22/08, 11/19/08, 08/22/08, 09/19/08, 09/05/08, 11/07/08, 09/05/08, 09/07/08
7. Six pages of an appeal with a cover letter from to Dr.
8. Daily notes from Dr. dated 10/24/08, 10/03/08, 10/24/08, 10/03/08, 08/22/08, 09/19/08, 08/22/08, 09/19/08, 09/05/08, 11/07/08, 09/05/08, and 11/07/08

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The records reflect a xx-year-old female who was allegedly involved in an occupational incident that was reported on xx/xx/xx. She injured her shoulder on that date and eventually underwent surgery on 07/24/08.

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

The ODG Guidelines states that when there is postsurgical treatment of a shoulder such as repairs/acromioplasty that 24 visits or fourteen weeks are appropriate. It appears that there may be some confusion as to what consists of a “visit.” Any reasonable physician would not subject the patient to a work hardening program immediately subsequent an operative procedure. The standard medical practice dictates that a progression of postsurgical care be started, for example, with passive range of motion exercises to increase range of motion followed by strengthening exercises followed by perhaps a work conditioning and then a work hardening program depending upon the progression of the patient and work duties.

It is apparent that the patient did undergo postsurgical rehab according to the Peer Review reports and then subsequently a work conditioning program. However, the definition of a work hardening versus a work conditioning program is significant enough that they are separate programs. A work hardening program is defined as a multidisciplinary program with the idea to return the patient to work. In the report by Dr. , the Peer Review doctor for MES Solutions dated 12/04/08 lays it out very well in the second and third pages. There are approximately ten criteria for admission to a work hardening program, and it is apparent that Dr. was complying with those criteria.

Therefore, this reviewer must overturn the original decision, and work hardening is approved.

**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.
- 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.)