



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 01/23/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twenty sessions of work conditioning.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C. for seventeen years and actively practicing in the field of therapeutic rehabilitation.

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)

The request is for twenty sessions of work conditioning. The injured employee has had surgical procedure and many sessions of physical therapy before and after the procedure. The injured employee's pain level was 1/10 at times and was rated at 3/10 on most occasions of her later treatment. The injured employee was returned to work by the surgeon who recommended vocational rehabilitation, not physical rehabilitation. There are no clear indications that work conditioning is appropriate for this injured employee at this time.

INFORMATION PROVIDED FOR REVIEW:

1. 01/06/09, fax cover sheet from from , one page
2. 01/05/09, IRO request form, nine pages
3. 11/24/08, four-page Utilization Review adverse determination for work conditioning as related to the cervical and thoracic spines left shoulder, four pages
4. 11/24/08, four-page letter to injured employee, sending the injured employee the results of the limited review of medical care, one page
5. 12/12/08, four-page Utilization Review for request for reconsideration, nonauthorized, twenty sessions of work conditioning
6. 12/12/08, letter to patient, results of review, one page
7. 01/06/09, TDI notice to of case assignment, one page

8. 05/28/07, notice of employee's work-related injury or illness, , one page
9. 07/25/07, , notice of disputed issues and refusal to pay benefits, one page
10. 06/26/07, MRI scan of the cervical spine with contrast, , one page
11. 08/01/07, MRI scan of the left shoulder without contrast, one page
12. 07/13/07, electrodiagnostic evaluation, four pages
13. 02/25/08, RME by , M.D., seven pages
14. 11/07/08 by , M.D., ten pages
15. 12/08/08, , request for reconsideration for work hardening, 26 pages
17. 10/03/08, exam, three pages
18. 11/04/08, , preauthorization request for work conditioning, twenty visits, two pages
19. 05/29/07 through 11/04/08, numerous notes from
20. 06/01/07 through 12/07/07, numerous notes from
21. 06/01/07 through 05/02/08, Medical Diagnostics
22. 08/15/07 through 10/17/08, , M.D.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee was injured while trying to close a door that had jammed. When the injured employee pushed harder with more pressure to close the door, the injured employee heard the arm make a noise. She underwent many diagnostics including MRI scan, electrodiagnostic studies, computerized muscle testing, and range of motion testing. The injured employee was felt to be a surgical candidate and underwent a surgical procedure. The injured employee had many presurgical and postsurgical therapy sessions and improved to a pain level of 1/0 to 3/10.

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

The request is for twenty sessions of work conditioning. The injured employee has had surgical procedure and many sessions of physical therapy before and after the procedure. The injured employee's pain level was 1/10 at times and was rated at 3/10 on most occasions of her later treatment. The injured employee was returned to work by the surgeon who recommended vocational rehabilitation, not physical rehabilitation. There are no clear indications that work conditioning is appropriate for this injured employee at this time.

Since this injured employee has improved to the pain level of 1-3 and has been released to work, and she also has been recommended for vocational rehabilitation, I do not find the medical necessity for work conditioning especially in light of all the presurgical and postsurgical therapy sessions the injured employee has undergone.

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.)