



**DATE OF REVIEW:** 07/14/09

**IRO CASE #:**

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

Work Conditioning Program for Left and Right Shoulders

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

Board Certified in Physical Medicine & 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Work Conditioning Program for Left and Right Shoulders - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- MRI of the Left Shoulder, M.D., 05/14/07
- MRI of the Right Shoulder, Dr. 05/14/07
- MRI of the Cervical Spine, M.D., 04/28/08
- Initial Consultation, M.D., 07/11/08
- Operative Report, M.D., 07/30/08, 01/21/09
- Follow Up, Dr. 07/29/08, 08/01/08, 08/12/08, 09/02/08, 09/25/08, 10/07/08, 10/24/08, 01/16/09, 01/23/09, 03/06/09, 03/27/09, 04/24/09

- Follow Up Report, Dr. 07/25/08, 08/12/08, 08/22/08, 09/02/08, 09/12/08, 09/30/08, 10/24/08, 11/07/08, 11/20/08, 12/16/08, 01/30/09, 02/24/09, 03/24/09, 05/22/09, 06/12/09
- Clinical Observations/Comments, Unknown Provider, 08/26/08, 02/23/09
- Impairment Rating, D.C., 09/19/08
- Physical Performance Examination, Dr., 09/19/08
- Phase 2 & 3 Prescription, Dr. 09/23/08, 02/11/09
- Functional Capacity Evaluation, Dr. 05/15/09
- Pre-Authorization Request, Community Rehab & Work Conditioning, 06/02/09
- Letter, Dr. 06/12/09
- Reconsideration Request Pre-Authorization, Community Rehab & Work Conditioning, 06/12/09
- Denial Letter, 06/23/09
- The ODG Guidelines were not provided by the carrier or the URA.

**PATIENT CLINICAL HISTORY (SUMMARY):**

While trying to hold a 500 pound pallet from falling, the patient had injured his shoulders when he was slammed against pallets. He has undergone an MRI of both shoulders and the cervical spine. He also underwent surgeries for both the right and left shoulder. He was noted to be treated with Lidoderm patches and Cymbalta.

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

Based upon the medical records presently available for review, medical necessity for a work conditioning program with respect to the left shoulder and right shoulder would not appear to be established per criteria set forth by Official Disability Guidelines.

The above-noted reference would not currently support a medical necessity for a work conditioning program for the following reasons:

1. The records available for review do not document if the patient has received an adequate trial of physical therapy with an improvement followed by a plateau;
2. It is not documented as to whether the patient definitively has a job to return to;
3. A work conditioning program is not recommended for the above-noted reference if an individual is more than two years removed from the date of injury. In this case, the date of injury is listed as xx-xx-xx.

Thus, based upon the records currently available for review, the above-noted reference would presently not support a medical necessity for treatment in a work conditioning program for the described medical situation.

**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 (PROVIDE A DESCRIPTION)**