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Notice of Independent Review Decision

DATE OF REVIEW: 11/18/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional work conditioning program five times a week for two weeks for the right shoulder

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

Board Certified in Orthopedic Surgery

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.

Additional work conditioning program five times a week for two weeks for the right shoulder - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with M.D. dated 01/14/09 and 01/26/09

X-rays of the right shoulder interpreted by M.D. dated 01/14/09
DWC-73 forms filed by Dr. dated 01/14/09 and 01/26/09
Physical therapy with P.T. dated 01/15/09, 03/17/09, 03/30/09, 03/31/09, 04/02/09, 04/06/09, 04/08/09, 04/28/09, 04/30/09, 05/01/09, 05/06/09, 05/08/09, 05/11/09, 06/05/09, 06/12/09, 06/18/09, and 07/15/09
MRIs of the right shoulder interpreted by M.D. dated 01/21/09 and 07/31/09
Evaluations with M.D. dated 02/05/09, 03/06/09, 03/13/09, 04/16/09, 05/14/09, 06/08/09, 06/22/09, 07/20/09, 08/03/09, 08/31/09, and 10/08/09
PLN-11 forms from the insurance carrier dated 02/05/09, 02/11/09, and 06/11/09
A chest x-ray interpreted by M.D. dated 02/27/09
An operative report from Dr. dated 03/04/09
Physical therapy with P.T. dated 03/26/09, 05/29/09, and 07/20/09
Physical therapy with P.T. dated 04/10/09, 07/07/09, 07/10/09, 07/24/09, and 07/28/09
A Functional Capacity Evaluation (FCE) with O.T.R. dated 06/10/09
A right shoulder arthrogram interpreted by Dr. dated 07/31/09
Work conditioning with Ms. dated 09/14/09, 09/15/09, 09/16/09, 09/17/09, 09/18/09, 09/21/09, and 09/22/09
Psychological pain management group with Ph.D. dated 09/17/09 and 09/22/09
Work conditioning with O.T.R. dated 09/23/09 and 09/24/09
Letters of non-authorization, according to the Official Disability Guidelines (ODG), dated 10/02/09 and 10/22/09
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

On 01/14/09, Dr. recommended Ibuprofen, Biofreeze, and physical therapy. X-rays of the right shoulder interpreted by Dr. on 01/14/09 showed increased humeral acromial distance suggesting joint effusion. Physical therapy was performed with Mr. from 01/15/09 through 07/15/09 for a total of 17 sessions. An MRI of the right shoulder interpreted by Dr. on 01/21/09 showed a full thickness rotator cuff tear, extensive glenoid labral tearing with inferior glenohumeral ligament tear, a large joint effusion, and glenohumeral osteoarthritis with multifocal subcortical cystic changes and humeral head bone marrow edema. On 02/05/09, the insurance carrier felt the osteoarthritis of the right shoulder was not related to the original injury. On 02/11/09, the insurance carrier felt that diabetes and low thyroid levels were ordinary diseases of life and not related to the original injury. On 03/04/09, Dr. performed a right rotator cuff repair and acromioplasty. Physical therapy was performed with Ms. on 03/26/09, 05/29/09, and 07/20/09. Physical therapy was performed with Ms. on 04/10/09, 07/07/09, 07/10/09, 07/24/09, and 07/28/09. Based on an FCE on 06/10/09, a work conditioning program was recommended. An MRI of the right shoulder interpreted by Dr. on 07/31/09 showed glenohumeral osteoarthritis with possible synovial osteochondromatosis, an articular surface partial thickness tear of the supraspinatus tendon, glenoid labral tearing, and a rotator interval tear. On 08/03/09, Dr. recommended a work conditioning program. Work conditioning was performed with Ms. from 09/14/09

through 09/22/09 for a total of seven sessions. Work conditioning was performed with Mr. on 09/23/09 and 09/24/09. On 10/02/09 and 10/22/09, wrote letters of non-authorization, according to the ODG, for additional work conditioning.

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

This amount of additional work conditioning that has been requested is outside of the recommendations of the ODG. The claimant has already received physical therapy and has already received at least nine visits of work conditioning. Thus, without any evidence to the contrary, I see no reason to extend the work conditioning program, as the claimant should be on a home exercise program. I see no evidence presented to deviate from the ODG recommendations at this time. Therefore, the requested additional work conditioning program five times a week for two weeks for right the right shoulder would not be reasonable or necessary and the previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE
- 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)**