

SENT VIA EMAIL OR FAX ON
Oct/01/2009

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/25/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Conditioning 5 X wk X 4 wks for the right shoulder

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

Chiropractor
AADEP Certified
Whole Person Certified
TWCC ADL Doctor
Certified Electrodiagnostic Practitioner
Member of the American of Clinical Neurophysiology
Clinical practice 10+ years in Chiropractic WC WH Therapy

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

OD Guidelines

Carrier's Cover Letter with Position Summary 9/15/09

DO, 08/24/09

DC, 09/03/09

MD, 02/16/04, 02/17/04, 02/19/04, 02/23/04, 02/24/04, 02/25/04, 02/26/04, 03/01/04,
03/02/04, 03/04/04, 03/08/04,

MD, 03/12/04, 04/07/04, 08/11/04,

MD, 03/19/04

DC, MD, Institute / Chiropractic Neurology & Rehab Group, 04/27/04, 04/28/04, 04/29/04,
04/30/04, 05/04/04, 05/05/04, 05/10/04, 05/12/04, 05/14/04, 05/18/04, 05/19/04, 06/15/04,

07/14/04, 09/15/04, 10/15/04, 11/11/04, 11/30/04, 12/09/04, 02/02/05, 03/21/05, 10/04/05, 11/02/05, 11/03/05, 12/05/05, 12/06/05, 01/04/06, 01/30/06, 02/03/06, 02/09/06, 02/13/09, 02/20/06, 02/22/06, 02/24/06, 02/27/06, 03/01/06, 03/03/06, 03/10/06, 03/13/06, 03/14/06, 03/21/06, 03/28/06, 03/30/06, 04/06/06, 04/07/06, 04/13/06, 04/17/06, 04/18/06, 04/19/06, 04/25/06, 05/24/06, 06/26/06, 07/26/06, 09/01/06, 09/27/06, 10/05/06, 11/03/06, 12/06/06, 01/10/07, 02/12/07, 03/21/07, 04/17/07, 05/18/07, 06/20/07, 07/17/07, 08/15/07, 10/12/07, 12/26/07, 02/05/08, 02/29/08, 03/26/08, 04/28/08, 05/29/08, 07/02/08, 08/11/08, 09/08/08, 11/20/08, 12/18/08, 01/14/09, 02/13/09, 03/13/09, 04/13/09, 05/08/09, 05/11/09, 05/13/09, 05/18/09, 05/19/09, 05/20/09, 05/26/09, 05/29/09, 06/09/09, 06/12/09, 06/15/09, 06/17/09, 06/22/09, 06/23/09, 06/26/09, 06/29/09, 07/01/09, 07/02/09, 07/06/09, 07/08/09, 07/10/09, 07/29/09, 07/31/09,
 MD, MD, Orthopaedics and Arthroscopic Surgery, 06/10/04, 07/08/04, 08/03/04, 08/23/04, 10/17/05, 11/17/05, 02/02/06, 02/27/06, 03/23/06, 05/04/06, 05/15/06, 05/23/06, 09/07/06, 01/09/07, 04/18/07, 05/30/07, 02/09/09, 04/15/09, 05/27/09, 07/22/09,
 MD, 08/31/04, 09/13/06,
 MD, Hand and Miscrosurgery Asoc., 11/12/04
 DC, Chiropractic Centers, 06/07/05, 01/17/06,
 MD, 12/13/05
 MD, 01/06/06
 MD, Speciality, 01/16/06, 01/25/06, 01/26/06, 01/30/06, 02/16/06, 02/27/06, 06/13/06, 06/19/06, 10/09/06, 11/29/06, 11/21/08,
 MD, 06/19/06
 MD, 02/08/08
 Physicians Ambulatory Surgery Center, 04/09/09,

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury on xx/xx/xx The injured employee injured the right shoulder. Clinical notes indicated that the she has had impingement with severe bursitis. The injured employee has undergone MRI, FCE, EMG/NCV, medication and therapy. In 2006 she underwent an ulnar nerve transposition. The injured employee has not been treated surgically to the shoulder until 4-09-09 when she underwent a right shoulder surgery for impingement. The injured employee has undergone at least 12 sessions of post surgical therapy and an addition 6 sessions. The injured employee was assessed by DDE and placed at 10% WBI in 2006 and 2007. A DDE report dates 11-2008 indicated that the employee had not worked since her accident in xxxx. Latest FCE indicated ROM studies in the right shoulder were greater than the left with the exception of internal and external rotation. Twenty (20) session of work conditioning are now being requested.

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

The injured employee currently does not meet the required guidelines for 20-session of work conditioning. The injured employee does not appear to have a job to return to and there does not appear to be a return to work agreement signed by the employer and employee. See below #5. The injury is over xxxx years old, as workers who do not return to work within 2 years may not benefit. See below #7. Documentation provided does not appear that the injured employee would benefit from the program. See below #2. Treatment is not support longer than 2 weeks, see below #9; therefore, 4 weeks is excessive.

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| <p>Work conditioning, work hardening</p> | <p>Recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. (Schonstein-Cochrane, 2003) There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm. (Karjalainen, 2003) Work Conditioning should restore the client's physical capacity and function. Work Hardening should be work</p> |
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simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. ([CARF, 2006](#)) ([Washington, 2006](#)) The need for work hardening is less clear for workers in sedentary or light demand work, since on the job conditioning could be equally effective, and an examination should demonstrate a gap between the current level of functional capacity and an achievable level of required job demands. As with all intensive rehab programs, measurable functional improvement should occur after initial use of WH. It is not recommended that patients go from work conditioning to work hardening to chronic pain programs, repeating many of the same treatments without clear evidence of benefit. ([Schonstein-Cochrane, 2008](#))

Criteria for admission to a Work Hardening Program:

- (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).
- (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.
- (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.
- (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
- (5) A defined return to work goal agreed to by the employer & employee:
 - (a) A documented specific job to return to with job demands that exceed abilities, OR
 - (b) Documented on-the-job training
- (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
- (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
- (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.
- (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.
- (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar

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| | rehabilitation program is medically warranted for the same condition or injury. |
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ODG Physical Therapy Guidelines – Work Conditioning

10 visits over 8 weeks

See also [Physical therapy](#) for general PT guidelines

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)