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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 29, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening program – 10 sessions (80 hours) – Left shoulder.

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

XXXXXXXXXXXXXXXXXX

- Therapy notes (01/18/10)
- Office notes (01/28/10 – 02/22/10)
- Utilization reviews (02/17/10)

Texas Department of Insurance

- Utilization reviews (02/17/10, 02/23/10)

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- Therapy notes (01/18/10)
- Office notes (01/28/10 – 02/22/10)
- Utilization reviews (02/17/10, 02/23/10, 02/24/10)

M.D.

- Office notes (01/23/10 – 01/07/10)
- Operative notes (06/30/09)

ODG have been utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who was involved in a motor vehicle accident on xx/xx/xx. She was struck in the left front by a van sustaining injury to her neck and low back.

2009: M.D., an orthopedic surgeon, evaluated the patient for pain in the lateral and the anterior aspect of the left shoulder radiating into the hand and the elbow. Magnetic resonance imaging (MRI) revealed an acromioclavicular (AC) impingement. Dr. diagnosed left biceps tendonitis and likely subacromial impingement and treated the patient conservatively with physical therapy (PT), an injection in the biceps tendon and with activity modification, but without any improvement.

On June 30, 2009, Dr. performed left shoulder arthroscopic subacromial decompression and open biceps tendinosis. Postoperatively, he treated the patient with Darvocet and PT.

In October, Dr. noted slow improvement with her worst pain rated as 7/10. He recommended continued occupational therapy two times a week for four weeks and anticipated MMI by December 14, 2009. He noted Ms. had been laid off from work but it was okay to look for work that was driving only but no heavy loading or lifting.

2010: In January, Dr. noted the patient had completed PT, but still complained of some pain with certain movements. She had a designated doctor visit in November 2009, and was told she was not at maximum medical improvement (MMI) and would benefit from further PT. Dr. agreed with additional therapy plus an aggressive home exercise program (HEP).

On January 18, 2010, the patient underwent PT evaluation and a functional capacity evaluation (FCE). She complained of constant pain in her left shoulder, guarded posture with slightly rounded shoulders and head forward. Examination revealed myofascial tenderness and tightness in the left upper trapezius and levator scapulae with spot tenderness over the left coracoid process. There was decreased flexibility, shoulder range of motion (ROM), left shoulder strength, poor postural habits and limited functional ability. In an FCE, the patient qualified at a sedentary-to-light physical demand level (PDL) for work above the waist and light PDL for work below the waist. Her job PDL was medium. Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) scores placed her in a range of severe anxiety and severe depression; therefore, the probability of her having a clinically important disturbance was greater than 50%. The evaluator recommended a work hardening program (WHP) and follow-up with a qualified mental health care provider.

On January 28, 2010, Dr., noted incomplete motion and weakness of the left shoulder and stated WHP was medically necessary.

On February 17, 2010, D.O., denied the request for WHP with the following rationale: *“There is no indication that the patient has a job to return to. This is required for work hardening. There is no psychological evaluation to delineate level of depression/anxiety either. Therefore, the request for work hardening, 10 sessions (80 hours) for left shoulder is not medically necessary”.*

On February 22, 2010, M.A, a clinical programs director, requested reconsideration for WHP. Ms. noted the psychometric testing performed on January 18, 2010, consisted of BDI with a score of 31/63 and BAI with a score of 33/63, indicating severe levels of depression and anxiety as related to her injury and resulting pain level. She recommended multidisciplinary WHP with modalities consisting of group therapy, physical conditioning, activity tolerance, activities of daily living, self exercising and vocational counseling.

On February 24, 2010, M.D., denied the appeal for WHP with the following rationale: *“The patient does not meet the criteria for work hardening, 10 sessions (80 hours), due to limiting psychological factors. The patient is currently functioning below the medium PDL. The patient should be cleared for work hardening program by a qualified mental health care provider prior to start of the program.” Thus, the request was deemed as medically not necessary”.*

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

Ms, has pain, anxiety and depression levels, which would eliminate her from a work hardening program. In addition, there is no evidence in the medical records indicating she has a job to return to. ODG states: “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”.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**