



Notice of independent Review Decision

DATE OF REVIEW: July 28, 2010

IRO Case #:

Description of the services in dispute:

Work conditioning 5 x week x 2 weeks for the left shoulder

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer is a fellow of the American College of Surgeons. This reviewer is a member of the American Medical Association and the American Academy of Orthopedic Surgery. This reviewer has been in active practice since 1975.

Review Outcome

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

Upheld.

The request for work conditioning 5 x week for 2 weeks for the left shoulder is not medically necessary.

Information provided to the IRO for review

Records from the State:

Request for a review by and Independent Review Organization, 7/8/10, 6 pages

Notification of Reconsideration Determination, 6/14/10, 3 pages

Notification of Adverse Determination, 5/21/10, 4 pages

Records from URA:

Utilization Review Referral, 5/28/10, 2 pages

Dr., Evaluation, 5/28/10, 2 pages

Utilization Review Referral, 5/10/10,

Order Requisition, 5/10/10, 1 page

Evaluation, 5/10/10, 2 pages

Evaluation, 5/3/10, 2 pages

Work Conditioning/Interim Summary, 4/23/10, 3 pages

Weekly Summary, 4/16/10, 3 pages

Clinical Note, 4/5/10, 2 pages

Functional Capacity Evaluation, 3/25/10, pages

Clinical Note, 3/8/10, 2 pages
Clinical Note, 11/18/09, 1 page
Specialty Hospital, Operative Report, 11/18/09, 2 pages
MRI Report, 8/24/09, 1 page
Clinical Note, 8/24/09, 1 page

Patient clinical history [summary]

The patient is a male who reported an on the job injury on xx/xx/xx wherein he sustained a rotator cuff tear.

An MRI of the left shoulder dated 08/24/09 revealed a large full thickness supraspinatus tendon rotator cuff tear with focal tendon retraction, medial subluxation of the biceps tendon, and small joint effusion, acromioclavicular arthropathy and anterior acromial down sloping.

On 11/18/09, M.D. performed primary repair of an acute left rotator cuff tear with acromioplasty. The preoperative diagnosis was noted to be an acute complete tear of the rotator cuff while the postoperative diagnosis was noted to be an acute complete tear of the supraspinatus.

A functional capacity exam dated 03/25/10 reported that the patient performed at a light medium physical demand level. It was noted that prior to the injury, the patient worked at a heavy physical demand level but no longer had a job to which he could return. It was indicated that the patient would benefit from a work conditioning program.

The patient participated in 2 weeks (10 sessions) of a work conditioning program and has additionally been treated with prescription medication, an injection and restricted duties. Dr. reported that the patient made excellent progress in 2 weeks of work conditioning but was unable to perform his full duty position in. Dr. recommended 2 additional weeks of work conditioning. On 05/21/10, indicated that the 10 sessions of additional work conditioning were not medically necessary.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The request for two additional weeks for work conditioning, 5 x week x 2 weeks for left shoulder is not medically necessary. According to Official Disability Guidelines (ODG), work conditioning timelines are 10 visits over 4 weeks, equivalent to up to 30 hours. The patient has already used all visits for this date of injury. The additional requested work condition is in excess of the guidelines and therefore not medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

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 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)

Schonstein E, Kenny DT, Keating J, Koes BW, Work conditioning, work hardening and functional restoration for workers with back and neck pain, Cochrane Database Syst Rev. 2003;(1): CD001822 [updated 2008]

Karjalainen K, Malmivaara A, van Tulder M, et al. Multidisciplinary Biopsychosocial Rehabilitation of Subacute Low Back Pain in Working-Age Adults: A Systematic Review Within the Framework of the Cochrane Collaboration Back Review Group. Spine 2001;26(3): 262-269.

CARF. Definition of Work Hardening/Work Conditioning. Commission on Accreditation of Rehabilitation Facilities (CARF International), 4891 E. Grant Road, Tucson, AZ 85712. 2006.

Washington State Dept. of Labor and Industries. Work Hardening Program Standards. 2006