

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/26/2010

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Work hardening x 10 sessions

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

M.D., 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Adverse Determination letters, Intracorp, 12/15/09, 12/30/09

Rehabilitation, 02/08/09, 11/25/09, 12/22/09

MD, 12/12/07

Evaluation Centers, 3/4/08

MD, 7/24/06

Medical Centers, 7/24/08, 8/21/08, 8/24/08, 8/7/08, 10/2/08, 10/21/08, 11/4/08, 1/6/09,

12/8/08, 1/20/09, 11/3/08, 12/23/08, 2/12/09

XRy Shoulder Right 2V, 10/20/08

Shoulder Right MRI w/3D, 10/28/08

Coastal Surgical Group, 11/12/08

Operative Report, 11/25/08

Patients Medical Center, 11/25/08, 1/15/09

MD, 1/13/09, 3/3/09, 3/11/09

EMG/NCV, 11/24/08

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who is post injury. He was involved in a motor vehicle accident. MRI demonstrated a full thickness tear of the supraspinatus tendon at its insertion. He had arthroscopic repair of his rotator cuff on 03/11/09. He had postoperative physical therapy and has participated in 80 hours of a work hardening program. The previous reviewer states that the patient was lifting 40 pounds in November 2009 and is currently lifting only 35 pounds. The current request is for 10 further sessions of work hardening.

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

Based upon this reviewer's review of the medical records provided, the baseline of 11/06/09 revealed that the patient had a twenty-pound lifting capacity, on 11/25/09 a 30-pound lifting capacity, and on 12/07/09 had a 35-pound lifting capacity. He went from an ability to do this

occasionally for nine minutes to fifteen minutes and twenty minutes respectively. In fact, he progressed, therefore, in the DOT criteria from light to medium. He also satisfied the other criteria of the ODG Guidelines. In particular, he has a job to return to. It is this reviewer's view that this patient does meet the ODG criteria for continued work hardening. It is for this reason that the previous adverse determination has been overturned. The reviewer finds that medical necessity exists for Work Hardening x 10 Sessions.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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