

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/19/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** 80 hours Work hardening for the right shoulder and lumbar spine

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

MD, Board Certified in Physical Medicine and Rehabilitation  
Board Certified in Pain Management

**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**

Adverse Determination Letters, 11/8/09, 11/23/09  
Letter from Law Firm, 12/4/09  
ODG-TWC, LOW BACK, SHOULDER  
Employer Email regarding work duties, 11/12/09  
Treatment Plan  
FCE, 9/21/09  
Medical Centers, 8/13/09, 5/21/09, 7/9/09, 4/2/08  
11/13/09  
Evaluation, 8/31/09  
MD, 4/21/09, 9/22/08, 11/20/08  
MRI Shoulder, 5/19/08  
Lumbar MRI, 5/19/08  
Designated Doctor Report, 4/16/09  
DO, 8/4/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a woman who developed shoulder and back pain in an injury on xx/xx/xx. She was found to have a large rotator cuff tear and a radiculopathy. She underwent a rotator cuff repair, right shoulder, on 1/13/09. She had an ESI for the back pain in 2009 with minimal benefits. She has limited shoulder motion. She tested on her FCE at a sedentary level. A fax from her employer dated 11/12/09 described her job as a scale operator as being at a medium to heavy PDL workload. The psychological studies showed minimal depression and anxiety, but a significant amount of kinesiophobia. This was confirmed by Dr. in his DD exam.

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

The Work Hardening program requested by the provider for this woman was previously denied due to the patient's job description being a light PDL. However, a fax dated 11/12/09 included with the records for this review described a medium to heavy PDL for her job. Records provided for this review indicate this patient has ongoing pain. Dr. has described minimal depression and anxiety, however, he also notes the claimant has fear of reinjury and perceived significant problems on the Oswestry. The claimant apparently has a job to return to. The patient meets the ODG criteria for the 10 sessions of Work Hardening. The reviewer finds that medical necessity exists for 80 hours Work hardening for the right shoulder and lumbar spine.

**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)