

SENT VIA EMAIL OR FAX ON  
Jun/14/2010

## Independent Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/07/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Work Conditioning 3 X wk X 1 wk at 2 hours per day, then 5 X wk X 3 wks at 4 hours per day

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

Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC 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**

OD Guidelines  
Denial Letters 4/21/10 and 5/6/10  
PT 3/23/10  
FCEs 1/26/10 and 4/26/10  
Job Description 7/1/06 and 3/1/10  
Occupational Medicine 3/4/10 thru 4/18/10  
PT Notes 10/29/09 thru 12/18/09  
MRI 3/16/10  
Dr. 4/17/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a reportedly injured in a rear-ended MVA on xx/xx/xx. She developed neck pain and right shoulder pain. There are several examination and FCE by the physical therapists. She had 9 PT sessions. The FCEs were done on 1/26/10 and again on 4/26/10. It was felt she was not yet able to participate in the job demands of a flight attendant, although she improved from the sedentary level of the 1/26/10 exam where she was at a sedentary level. Her job requires her to be at a Heavy PDL. There is some confusion with the numbers. For example her right elbow extension is reported as 0, but normal is 90. She had no elbow problems.

The sole physician note is from Dr. on 3/4/10 that reported pain with cervical motion, spasms and weakness. There was right shoulder pain and supraspinatus tenderness.

Mr. xxxxxx noted an abnormal MRI, but he had not reviewed it, nor had there been comments by Dr.. I presume other physicians reviewed it.

The MRI of the shoulder showed some tendinosis. She has a 2% impairment rating.

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

For the moment, the records do not clarify a diagnosis beyond shoulder pain (with possible impingement) and neck pain. Without this information, the IRO Reviewer cannot determine what is the cause of the problem or if surgery is being considered or has been excluded. The ODG clearly states, "The patient is not a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery)." This may be on other records that were not provided.

Both Work Hardening and Work Conditioning have specific indications. A key difference in Work Hardening from Work Conditioning is the role of psychological intervention. This lady apparently does not need the psychological support for work hardening. The ODG advises the total number of Work Conditioning sessions to be 10 over 4 weeks. The requested are 3 sessions the first week followed by 15 sessions over 3 weeks, totaling 18 sessions, 8 more than allowed. Work Hardening programs are at this level of intensity.

**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)