

SENT VIA EMAIL OR FAX ON
Jun/15/2010

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

160 hours of work conditioning (4 hours per day 5 days per week for 8 weeks) for the left shoulder

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 5/19/10 and 6/4/10
Advanced Occupational & Rehab 7/23/09 thru 5/25/10
OP Report 2/1/10
FCEs 12/9/09 and 5/7/10

PATIENT CLINICAL HISTORY SUMMARY

This is a injured xx/xx/xx when he developed left shoulder pain ratcheting his load. He was found to have a contusion of the shoulder with subscapular tendinitis and a mild minimal anterior glenoid tear on MRI by Dr.. He was then treated non-surgically by Dr.. He had a frozen shoulder that Dr. treated with therapy. There were notes by Dr. that he was going to be referred to a pain program (12/13/09) and a functional restoration program (11/24/09). The IRO reviewer did not see that he actually went. Dr. manipulated the shoulder under anesthesia (2/1/10). He then sent the patient to Dr.. He was felt to have an almost normal range of motion (4/30/10) with reduced pain after months of occupational therapy. The FCE performed in 12/29/09 predated the manipulation of the shoulder. A work hardening program/condition program was initially advised by the OTR. A repeat FCE on 5/7/10, which was not completed due to time restraints. The therapist advised thrice weekly work condition for 4-6 weeks. Dr. wants Work Hardening/Conditioning 3-5 times a week without psychological input (3/25/10, 5/25/10). This is to include work simulation.

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

The Official Disabilities Guidelines is the basis of evidence-based treatment for work related injuries in Texas.

This man had a significant amount of prior therapies with nonsurgical treatment of the shoulder. The IRO reviewer presumes he has a job to return to. That was not clear from the records reviewed, but is important for meeting the ODG criteria. The IRO reviewer did not see that he ever went to a pain program as noted. One key difference between work hardening and work conditioning is the psychology involvement in work hardening. The need not to rely on psychology eliminates work hardening. The request for work simulation is an issue as that becomes work hardening again. Work Hardening is "highly variable treatment days ranging from 4-8 hours with treatment ranging from 3-5 visits per week. The entirety of this treatment should not exceed 20 full-day visits over 4 weeks, or no more than 160 hours." On the other hand, work conditioning is "10 visits over 4 weeks, equivalent to up to 30 hours." In essence, the request is for work hardening but labeled work conditioning. The request for the time frame for work conditioning exceeds the time frames allowed by the ODG. Therefore, based upon the information provided, The request is not medically necessary.

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)