



Notice of Independent Review Decision

DATE OF REVIEW: 2/26/10

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for 10 sessions of work hardening, 5 times a week for 2 weeks.

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

Texas licensed chiropractor.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for 10 sessions of work hardening, 5 times a week for 2 weeks.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

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- Request for Review by IRO dated 2/8/10
- Letter from Injury Center dated 2/11/10
- Job Verification dated 2/10/10
- Denial Letter dated 2/3/10
- Adverse Determination Letter dated 2/3/10, 1/18/10
- Physician Advisor Determination dated 1/27/10
- Reconsideration for Pre-Authorization Request dated 1/26/10
- Request for Pre-Authorization dated 1/13/10
- Updated Request dated 1/12/10
- Prescription from MD dated 1/4/10
- Letter from MD to Dr. dated 1/4/10
- Kinetics Functional Capacity Evaluation dated 12/28/09
- City of Job Description –dated unspecified

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx

Gender: xx

Date of Injury: xx/xx/xx

Mechanism of Injury: Slipped and fell.

Diagnosis: Post arthroscopic right shoulder with subacromial decompression, distal clavicle excision, superior labral debridement, debridement of the glenohumeral joint and manipulation under anesthesia, rotator cuff syndrome, internal derangement of right knee, lumbar sprain strain, adjustment disorder with mixed anxiety and depressed mood, pain disorder with both psychological factors and a general medical condition. There were additional diagnoses which included right shoulder impingement syndrome and right knee patellar chondromalacia.

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

This 5'7" tall, female sustained a work related injury on xx/xx/xx, while working in a position for the xxxx. The mechanism of injury occurred when she slipped. She fell onto the right side of her body and felt immediate pain in her right knee, right shoulder and lower back. The provided diagnoses included post arthroscopic right shoulder on 8/17/09, with subacromial decompression, distal clavicle excision, superior labral debridement, debridement of the glenohumeral joint and manipulation under anesthesia (MUA), rotator cuff syndrome, internal derangement of right knee, lumbar sprain strain, adjustment disorder with mixed anxiety and depressed mood, pain disorder with both psychological factors and a general medical condition. There were additional diagnoses which included right shoulder impingement syndrome and right knee patellar chondromalacia. She was initially treated by MD at and was referred to orthopedic specialist, MD, for her continued right shoulder and right knee complaints. The injured worker underwent a course of conservative management for the low back, right shoulder

and right knee. She received physical therapy, medications, steroid injections to the right shoulder and Synvisc injection to the right knee. The injured worker underwent an MRI of the right knee on 7/22/09, which revealed evidence of a severe chondromalacia patella-femoral compartment, primarily involving the lateral patellar facet and throughout the trochlear groove most prominent along the lateral trochlear facet. There was an MR Arthrogram performed on the right shoulder which revealed moderate supraspinatus tendinosis and moderate acromioclavicular (AC) joint degeneration. The injured worker subsequently underwent a right shoulder arthroscopic procedure with MD on 8/17/09. She then presented to chiropractic provider DC, on 9/3/09, for post operative rehabilitation where she received at least twenty four sessions. She initially experienced improvement from the surgery, however, then reported return of her symptoms. She has additionally been under the care of pain management specialist, Dr. MD. Dr. referred the injured worker to a different orthopedic specialist named MD, since the injured worker was not happy with Dr.. The report from Dr., dated 1/4/10, recommended options including continued physical rehabilitation, arthroscopic surgery for the knee and shoulder, shoulder MUA or living with the pain. The injured worker elected to consider her options. The injured worker was referred for evaluation by MA, LPC and PhD. She underwent six sessions of individual psychological therapy sessions; however, the notes and dates were not available for this review. She was re-evaluated by on 1/12/10, who felt that the injured worker would benefit from work hardening. The injured worker was evaluated by an orthopedic surgery designated doctor, MD, who determined that she had reached maximum medical improvement (MMI) status on 1/14/10, with a four percent whole person impairment rating. He noted that she was able to return to full duty on this date. The preauthorization letter from DC, who provides work hardening, indicated that chiropractic provider DC referred the claimant to him. It was Dr. opinion that the designated doctor, MD, did not take into consideration the additional requirements of her job, which include sorting and distributing mail, lifting and carrying mail, refilling copy paper into the copier and lifting a copy paper box with 10 reams of paper, weighing approximately 20 pounds. It was Dr. opinion that the injured worker should be classified as a "medium duty demand level" due to alleged requirement of lifting boxes of paper. The Functional Capacity Evaluation (FCE), performed on 12/28/09, found her to be functioning at a "Sedentary" level. There was a 2/10/10 job verification letter from at Dr. office, who had verbal contact with Sgt. (corrected from) with the Police Department, who was the injured worker's direct supervisor. It was confirmed by Sgt. that a position was available as a xxxx. The job description was provided via fax. The actual City of Job Description form for job title of indicated that the physical effort expected for this job description was stated as "The position is physically comfortable most of the time with occasional periods of stooping, bending and/or light lifting of materials." A clarification call was placed to Sgt. at xxxx on 2/26/10. Sgt. stated that the job was "Sedentary" as the Dictionary of Occupational Titles indicated and that she was not required to lift a box of copy paper. She was doing xxx only and could lift one ream of copy paper at a time for the copy machine, but was not expected to lift a box or case of paper. Also stated was that the injured worker was released to full duty in January of 2010 and has been working full duty since 2/17/10. Therefore, the work demand level indicated by the employer as confirmed by Sgt. Clawson was

a “Sedentary” duty job demand and not medium as Dr. Raymond, Dr. Yamaji and the FCE evaluator opined. The 2/11/10 letter from Junpei Yamaji, DC opined that the injured worker had a “medium “job demand level and was only capable of sedentary, per the FCE on 12/28/10. The current request is to determine the medical necessity for ten sessions of work hardening. The medical necessity for this request is not established. The FCE, of 12/28/09, found the injured worker capable of “sedentary” capacity. The Dictionary of Occupational Titles with the Department of Labor indicates that “Data Entry” requires a sedentary job demand level. Confirmation with the injured worker’s supervisor, Sgt. Clawson, on 2/26/10, also indicated that the injured worker had a sedentary job demand level and was not required to lift a box of copy paper. It was also confirmed that she was working full duty since 2/17/10. Therefore, the injured worker does meet her expected demand level as of the 12/28/09 FCE of sedentary demand level. No work hardening is appreciated for medical necessity at this time. The reference to support this adverse determination is found in the Return To Work Guidelines (2010 Official Disability Guidelines, 15th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 8th edition) web based version for the shoulder under the procedure summary list. This reference also documents knee and low back information regarding work hardening. The overall reference, regarding work hardening as it relates to this injured worker, indicates that, “There is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm.” It also indicates that, “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.” She was determined, per FCE on 12/28/09, to be at a sedentary work demand level, and the designated doctor found her capable of return to work at full duty on 1/14/10. Therefore, the guidelines would not support work hardening at this time. The previous adverse determination is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.
- AHCPH – 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.

Return To Work Guidelines (2010 Official Disability Guidelines, 15th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 8th edition) web based version. For the shoulder work hardening is found in the procedure summary list.

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).