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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 19, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten sessions of Work Conditioning x six hours. CPT Codes: 97799.

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

DIPLOMATE, AMERICAN BOARD OF ANESTHESIOLOGY
DIPLOMATE, AMERICAN ACADEMY OF 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

PATIENT CLINICAL HISTORY:

The description of services in dispute includes ten sessions of work conditioning times six hours. The review outcome is overturned of previous non-authorization.

This is a male who sustained a work-related injury on xx/xx/xx, secondary to a trip and fall.

The patient complained of pain in the left shoulder which was initially treated conservatively with physical therapy and medication management with suboptimal relief.

There was a left shoulder MRI that revealed a full-thickness tear of the infraspinatus and posterior supraspinatus tendons, as well as a SLAP tear.

On January 26, 2011, the patient underwent arthroscopic intra-articular lysis of adhesions, biceps tenotomy, debridement of labrum with partial repair of completely retracted rotator cuff (RTC) tear, acromioplasty and Mumford procedure.

Subsequent to the surgery, the patient completed 40 sessions of physical therapy, mainly passive modalities.

In a review of the functional capacity evaluation report (FCE) dated July 1, 2011, the patient continues with complaints of left shoulder pain with weakness identified while lifting/usage of the left upper extremity. The patient is currently placed at a sedentary physical demand level, which did not meet his current position of employment.

There was a psychological evaluation performed by (psychologist), on June 6, 2011. This did not reveal any underlying primary psychiatric or psychological issue that would preclude entrance into a work conditioning program. Of note, previous requests for a work conditioning program were denied secondary to a lack of submitted documentation.

An appeals letter generated by the requesting provider dated July 6, 2011, was reviewed. The recommendations for the work conditioning program will provide patient rehabilitation beyond the normal course of physical therapy as already completed. There are noted specific goals that the patient will attempt to achieve in order to return back to his previous occupation.

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

After a review of the information submitted, the previous non-authorization for a work conditioning program of ten sessions' times six hours has been overturned. This patient has had an extensive surgery as related to the left shoulder. All appropriate measures are in order to facilitate a return of this patient being gainfully employed in his preinjury and customary occupation. The guidelines

under work conditioning (WC) indicate what amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of physical therapy, primarily for exercise training/supervision (and would be contraindicated if there is already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). Work conditioning (WC) visits will typically be more intensive than regular physical therapy (PT) visits, lasting two or three times as long. As with all physical therapy programs, work conditioning participation does not preclude concurrently being at work.

The guidelines references used Official Disability Guidelines, Treatment Index, 8th Edition, Webb, 2010, under work conditioning (WC), Physical Therapy Guidelines.

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

- ACOEM- AMERICAN 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)