SENT VIA EMAIL OR FAX ON
Aug/04/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work Conditioning X 12 visits

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
1. IRO referral documents
2. Request for IRO
3. Clinical records Internal Medicine
4. Radiographic report Hospital 06/04/09
5. Clinical records Dr. 09/11/09 through 04/27/11
6. Physical therapy treatment records
7. Clinical records Dr. 11/17/09
8. Designated doctor evaluation 12/11/09
9. Impairment rating 06/04/10
10. Operative report 01/12/11
11. Clinical records Dr. 02/24/11 and 04/26/11
12. Physical therapy evaluation 06/03/11
13. Prescription for work conditioning evaluation and treatment
14. Utilization review determination 06/13/11
15. Utilization review determination 07/06/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx. On this date it's reported that she struck a door frame injuring her left shoulder and hip. She underwent x-rays of the left shoulder on 06/04/09 which were reported as normal. The claimant subsequently came under the care of Dr. and presents with left upper extremity pain. On initial evaluation of the left shoulder she has tenderness in the posterior shoulder area superior scapular more midline extending over laterally into the superior humeral head and arm. She has full range of motion. Her grip is reported to be strong. She's diagnosed with left shoulder pain in the trapezius scapular area. She was provided oral medications and is recommended to have physical therapy. Records indicate that the claimant underwent a prolonged course of physical medicine treatments. An MRI was performed which was reported to show mild degenerative changes of the AC joint with lateral downsloping acromion tendinopathy of the distal supraspinatus tendon without discrete tear. On 11/17/09 the claimant was seen by Dr.. She's noted to have been treated physical conservatively she has had some physical therapy this is reported to make it worse. She continues to have pain in the superior aspect of the shoulder. She is currently working in full duty as a secretary. She is noted to have positive Hawkins and O'Brien's test on examination radiographs show AC joint arthropathy and rotator MRI scan shows rotator cuff impingement with tendinopathy of the tendon but no tears. She was recommended to receive a subacromial injection if her situation does not improve she may want to consider arthroscopic decompression with distal claviculectomy.

Records indicate that the claimant was seen by designated doctor on 12/11/09. On physical examination she's noted to be tender over the rotator cuff she has full shoulder mobility and good strength of all major muscle groups in the left upper extremities she positive Hawkins and Neer's signs. She was opined not to be at maximum medical improvement. She was recommended to have a vigorous home exercise program.

On 06/04/10 the claimant was seen by Dr. for the purpose of impairment rating. Records indicate on 01/15/10 the claimant was taken to surgery and underwent an arthroscopic limited debridement, subacromial decompression with release of coracoacromial ligament and resection of distal clavicle. The claimant was found to have 10% left upper extremity impairment resulting in 6% whole person impairment.

On 01/12/11 the claimant was returned to surgery by Dr.. She underwent a left shoulder examination under anesthesia, arthroscopic biceps tenodesis, subacromial decompression and distal clavicular resection

The claimant was seen in follow-up on 02/24/11. She is reported to have decreased shoulder pain, increased shoulder range of motion and strength with no change in shoulder stability. Records indicate the claimant was not approved for postoperative physical therapy.

On 06/01/11 the claimant was referred for work conditioning evaluation. A request was subsequently placed for work conditioning x 12.

On 06/13/11 the request was reviewed by Dr. Dr. notes that the goal of work conditioning is to have a job to return to and generally a job should be available with completion of program. He notes this is not evident in this case. He further reported there is no baseline functional capacity evaluation validating mismatch between worker's ability and her job requirements. He subsequently non-certified the request.

A subsequent appeal request was reviewed on 07/06/11 by Dr.. Dr. conducted a peer to peer consultation with nurse Schilling. She reported the claimant is scheduled job. It is noted that work conditioning and work hardening programs are not recommended for jobs under medium physical demand level and office jobs are either sedentary or light. He further noted there was no functional capacity evaluation performed, so there is no evidence of job ability mismatch. He subsequently recommended adverse determination.

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

The request for work conditioning x 12 is not supported by the submitted clinical information, and the previous determinations are upheld. The claimant is a female who sustained an injury to her left shoulder which ultimately resulted in surgical intervention in xxxx. She apparently had continued postoperative symptoms and was returned to surgery on 01/12/11 undergoing repeat subacromial decompression, distal clavicle resection, and biceps tenodesis. The record suggested the claimant was referred for postoperative physical therapy; however, this was not approved under utilization review. It is noted that the claimant is to return to sedentary level job. The record does not include a functional capacity evaluation indicating the claimant has strength and range of motion deficits that would impact her ability to return to sedentary light level of work. It would further be noted that there is no evidence of psychological testing to differentiate between work conditioning or work hardening program. In absence of documentation to establish a job mismatch as well as absence of documentation presenting the claimant's psychological state, the request would not be supported under current evidence based guidelines.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)