

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: July/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening trial five times a week for two weeks to multiple body parts 97545 97546

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

MD, Board Certified Physical Medicine & Rehabilitation and 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

Official Disability Guidelines-Treatment for Workers' Compensation

Denial Letters, 04/18/11, 05/25/11

Work hardening program preauthorization request dated 04/13/11

Reconsideration request dated 05/09/11

Patient report of work duties dated 04/01/11

Functional capacity evaluation dated 04/01/11

Work hardening plan and goals of treatment dated 02/15/11

Initial behavioral medicine consultation dated 11/20/09

Psychological testing results dated 12/29/09

Assessment/evaluation dated 02/15/11

MRI left shoulder dated 11/04/09

Radiographic report dated 11/04/09

New patient report dated 01/18/10

Reconsideration for individual psychotherapy dated 02/10/10

Medical consultation dated 03/03/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell off of a flat bed trailer onto the ground, landing flat on his face. MRI left shoulder dated 11/04/09 revealed chronic appearing full thickness rotator cuff tear involving the supraspinatus, particularly the anterior fibers; moderate to severe osteoarthritis of the AC joint; small joint effusion. Initial behavioral medicine consultation dated 11/20/09 indicates that BDI is 12 and BAI is 17. Diagnosis is adjustment disorder with mixed anxiety and depressed mood. Psychological testing results dated 12/29/09 indicate scores on the MMPI-2-RF validity scales raise concerns about the possible impact of inconsistent responding and over-reporting on the validity of this protocol. Note dated 01/18/10 indicates that the patient

reports he has been through physical therapy. There is a gap in treatment records until assessment/evaluation for work hardening program dated 02/15/11 noting that BDI is 8 and BAI is 21. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, chronic. Functional capacity evaluation dated 04/01/11 indicates that current PDL is light medium and required PDL is medium. Work hardening preauthorization request indicates that the patient reports he received passive physical therapy. Treatment to date includes 6 sessions of individual psychotherapy.

The insurance company reviewer denied the request for Work Hardening on 04/18/11 noting that there are no therapy progress reports provided that objectively document the patient's clinical and functional response to previous physical therapy.

He notes that there is no objective documentation that the patient has failed an optimized pharmacotherapy program. A specific defined return to work goal is not provided. The denial was upheld on appeal on 05/25/11 noting that there is no documentation that the patient underwent an adequate trial of physical therapy with improvement followed by plateau.

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

The submitted records do not contain a comprehensive assessment of treatment completed to date or the patient's response thereto. There is no documentation that the patient has completed an adequate trial of physical therapy with improvement followed by plateau as required by the Official Disability Guidelines. There is no specific, defined return to work goal agreed to by the employer and employee as required by ODG. For these reasons, the reviewer finds there is no medical necessity at this time for Work Hardening trial five times a week for two weeks to multiple body parts 97545 97546.

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)