

SENT VIA EMAIL OR FAX ON  
Jul/18/2011

## Applied Assessments LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Jul/18/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
10 Sessions, 40 hours (4 hours daily, 5 days a week for 2 weeks) of Additional Work Conditioning Program

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

**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 SUMMARY**

The claimant is a female who is reported to have sustained injuries to her left shoulder or left upper extremity on xx/xx/xx . It's reported on the date of injury she was coming down a ladder after getting some files and missed the last step or two of the ladder. She slipped and fell landing on her left side on a concrete floor. She reported immediate pain in her left shoulder and left elbow. She subsequently was seen by Dr. She's further noted to have undergone 10 sessions of physical therapy. On xx/xx/xx the claimant was seen by Dr.. She is x days post date of injury. Her pain level is reported to be 5. She's noted to have pain in the left elbow, left shoulder when actively and passively moved. She's reported to have shoulder joint stiffness on the left, a clicking sensation in the shoulder. Physical examination she's noted to be 66 inches tall and weighs 183 pounds. She's noted to have tenderness over the acromioclavicular joint in the acromion. She has weakness. Active and passive range of motion is decreased. Pain was elicited on active motion. She was diagnosed with a sprain of the left shoulder and left elbow. She was placed on Naprelan. Radiographs were performed. She was referred for physical therapy. Radiographs of the left elbow and

shoulder are reported to be normal.

On 02/04/11 the claimant was seen in follow up by Dr. with no change in her pain level. She reports attending physical therapy and has been helpful, as well as less pain and swelling. Physical examination is unchanged. She was continued in physical therapy.

The claimant was seen in follow up on 02/14/11 and continues to have pain in the left shoulder. She has an inability to sleep. She reports difficulty lying on the affected side. She reports shoulder joint stiffness on the left, a snapping sensation in the left shoulder. Her physical examination remains unchanged. She was subsequently referred for MRI of the left shoulder which was performed on 02/16/11 and notes no evidence of fracture or dislocation, bone bruise or bone contusion, solid or cystic lesions, or impingement syndrome. There is excess synovial fluid in joint space probably related to synovitis. There is no convincing evidence of rotator cuff tear. There is fluid collection within the tendon sheath of longhead of biceps. There is mild thickening and edema of glenohumeral ligaments. She was subsequently opined to have bicipital tenosynovitis and capsulitis. Records indicate the claimant continued in physical therapy with only modest improvement. She subsequently completed physical therapy on 05/06/11. She was seen in follow-up and recommended to have additional physical therapy.

On 04/26/11 the claimant was referred for a functional capacity evaluation. It is noted the claimant is working in a clerical capacity with restrictions of lifting no more than 10 lbs and to avoid overhead reaching. It is noted that the claimant appears to have been working the entire time. Her required physical demand level is light-medium. Upper extremity range of motion notes left shoulder to have 160 degrees flexion, 40 degrees extension, 40 degrees adduction, 160 degrees abduction, internal rotation 60, external rotation 50, and elbow range of motion is normal. Upper extremity motor strength is graded 5/5 throughout except left shoulder shrug and deltoid. The records suggest the claimant gave valid effort. Records indicate the claimant was able to perform at light physical demand level. She subsequently was recommended to participate in work conditioning program. Records indicate the claimant underwent and completed 20 sessions of work conditioning.

On 06/02/11 the claimant underwent another functional capacity evaluation. It is noted that her shoulder flexion and abduction improved by 5 degrees. There was no change in shoulder extension, adduction, internal and external rotation improved by 10 degrees and the claimant's pronation and supination decreased by 10 degrees. Her shoulder shrug strength and deltoids remained 4/5 and she's now reported to have 4/5 strength in the triceps. She's reported to have demonstrated the ability to perform at the light medium physical demand level consistent with her occupation. The claimant was seen in follow up with no significant change in her reported examination.

On 06/14/11 a request for 10 additional sessions or 40 hours of additional work conditioning was evaluated by Dr.. Dr. opines that additional work conditioning is not indicated noting that the requested number of hours exceeds Official Disability Guidelines recommendations and that functional capacity evaluation dated 06/02/11 demonstrates the ability to meet job demands. He further notes that range of motion has demonstrated minimal improvement and strength has not changed significantly after 20 hours of work conditioning. On 06/20/11 Dr. submitted a letter of reconsideration requesting 10 additional sessions of work conditioning. He reports that the claimant has met the PDC for returning to work but that's not the only indicator of determining appropriateness of ongoing medical treatment. He opines that the claimant should be able to increase her range of motion and tolerance level to overhead activities with the additional work conditioning program. The appeal request was reviewed on 06/27/11 by Dr. who non-certifies the request and reports speaking to Dr. and notes that based upon the medical records or he notes the request as not being reasonable or medically necessary.

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

The request for 10 sessions 40 hours four hours daily five days a week for two weeks of additional work conditioning program is not certified as medically necessary and the previous determinations are upheld. The submitted clinical records indicate that the claimant slipped and fell on the date of injury. She has received appropriate conservative management. Despite this she had continued left shoulder pain. She was ultimately referred for MRI of the shoulder which shows minimal pathology with no evidence of impingement or rotator cuff tear. The records indicate that the claimant received additional conservative treatment but continued to have subjective complaints. She was referred for functional capacity evaluation on 04/26/11 which indicated that she was capable of performing at a light physical demand level and had restrictions in left shoulder range of motion. Her shoulder shrug and deltoid strength was graded as 4/5. The claimant subsequently received 20 sessions of work conditioning and was reassessed on 06/02/11. This report indicates that the claimant is capable of working at the light medium physical demand level which meets the required physical demand level for her job. In addition to this it is noted that the claimant made minimal gains in range of motion and actually lost 10 degrees in pronation and supination at the elbow. There is no reasonable expectation that the claimant will see further material gain with an additional 10 sessions of work conditioning. Given that the claimant meets the physical demand level for her job she should be encouraged to return to full regular duty and to perform a daily self directed home exercise program.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**