

SENT VIA EMAIL OR FAX ON
Jun/03/2011

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening (5wk x 2) or 10 sessions

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

Board Certified Orthopedic Surgery

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

OD Guidelines

1. Cover sheet and working documents
2. Utilization review determination dated 04/04/11, 04/12/11
3. MRI of the right shoulder dated 10/15/10
4. Follow up note dated 11/09/10
5. Electromyographic examination dated 01/11/11
6. Psychological evaluation/Request for a trial of 10 sessions of work hardening dated 03/17/11
7. Functional capacity evaluation dated 03/17/11
8. Designated doctor evaluation dated 04/21/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a XX year old male whose date of injury is XX/XX/XXXX. On this date the patient was moving boxes when his right leg went through a hole in the trailer. MRI of the right shoulder dated 10/15/10 revealed evidence of significant tendinosis with partial thickness undersurface tear of the distal supraspinatus tendon. Note dated 11/09/10 indicates that the patient has undergone 6 weeks of physical therapy. Electromyographic examination dated 01/11/11 is compatible with moderate to severe right brachial plexopathy mainly involving upper trunk. Psychological evaluation dated 03/17/11 indicates that BDI is 13 and BAI is 16. Current medication is Motrin. Functional capacity evaluation dated 03/17/11 indicates that current PDL is medium and required PDL is heavy. Designated

doctor evaluation dated 04/21/11 indicates the patient has reached MMI as of 04/18/11 with 6% whole person impairment.

Initial request for work hardening was non-certified on 04/04/11 noting that there is no employer's offered job description to review with noted essential job functions. The denial was upheld on appeal dated 04/12/11 noting lack of job description.

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

Based on the clinical information provided, the request for Work hardening (5wk x 2) or 10 sessions is not recommended as medically necessary, and the two previous denials are upheld. There is no job description provided with specific requirements for return to work. There is no specific, defined return to work goal or job plan agreed to by employer and employee submitted for review. Given the current clinical data, the requested work hardening is not indicated as medically necessary, and the two previous denials are upheld.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES