



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 06/07/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of a work hardening program

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Medical necessity per ODG criteria has been demonstrated for the requested work hardening program.

INFORMATION PROVIDED FOR REVIEW:

1. URA notes, 4/29/11 to 5/13/11
2. Complete office notes, 2/28/11
3. Diagnostic Services, FCE, 3/31/2011

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual sustained a work-related shoulder injury on xx/xx/xx after she underwent physical therapy, medications, injections, and a chronic pain management program. After the pain management program, she underwent arthroscopic shoulder surgery followed by physical therapy. Anxiety and depression are present but are deemed mild.

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

Previous reviewers denied work hardening based on an invalid FCE. The FCE performed on 03/31/11 was valid and demonstrated light physical demand level. Job requirements are at the heavy demand level. There is an indication that the patient is eager to return to work if she can increase her strength and flexibility.

Even though some of the work hardening activities were provided in a chronic pain management program, this program was completed prior to shoulder surgery. This individual has a job to return to and appears motivated. A previous reviewer stated that repeating similar therapeutic measures was not endorsed by ODG. Since there was intervening surgery, the clinical status has changed. Therefore, completing a work hardening program is not repeating the same modalities, although there is some overlap. In an effort to enable this injured worker to return to productive employment, it is reasonable and meets ODG to approve the work hardening program as requested.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)