

SENT VIA EMAIL OR FAX ON
May/16/2011

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten additional outpatient (OP) post-op right shoulder work-conditioning (WC) program sessions, over two weeks

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 03/11/11, 03/18/11, 02/07/11, 12/23/10, 10/13/10
3. Letter of medical necessity for rotator cuff repair dated 03/04/11
4. Therapy prescription dated 01/04/11, 03/16/11, 10/11/10, 07/28/10
5. Office visit notes/work conditioning notes dated 01/04/11, 03/04/11, 03/03/11, 03/01/11, 02/28/11, 02/21/11, 02/18/11, 02/17/11, 02/16/11, 02/14/11, 03/16/11, 02/01/11, 01/31/11, 01/13/11, 01/11/11, 12/22/10, 12/20/10, 12/13/10, 12/10/10, 12/08/10, 12/06/10, 12/01/10, 11/30/10, 11/29/10, 11/23/10, 11/12/10, 11/10/10, 11/05/10, 11/03/10, 11/01/10, 10/29/10, 10/27/10, 10/26/10, 10/20/10, 10/11/10, 09/17/10, 07/28/10, 07/12/10, 08/03/10, 06/09/10, 05/27/10, 06/07/10, 06/28/10, 06/04/10, 06/06/10
6. Patient consent form dated 10/20/10
7. Surgery instructions sheet dated 10/11/10
8. MRI right shoulder dated 05/21/10
9. Patient face sheet dated 06/09/10
10. Financial policy
11. Procedure note dated 10/07/10
12. Surgery scheduling form dated 09/17/10
13. Prescription and lab work dated 09/17/10
14. Functional capacity evaluation dated 02/01/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was working when he reached out at eye level and felt a warm sensation in his right shoulder that radiated

down his right hand followed by a numbing sensation. MRI of the right shoulder dated 05/21/10 revealed minimal supraspinatus tendinosis along the undersurface of the mid greater tuberosity insertion without evidence of a high grade partial or full thickness tear; findings highly compatible with posterior labral tear with paralabral cyst arising from the posterior glenolabral junction extending to the spinoglenoid notch; minimal edematous change in the subacromial-subdeltoid bursa. The patient underwent right shoulder arthroscopy with distal clavicle resection (Mumford type) and debridement of SLAP lesion on 10/07/10. Functional capacity evaluation dated 02/01/11 indicates that required PDL is heavy. The patient subsequently completed two weeks of work conditioning. Work conditioning note dated 03/04/11 indicates that VAS score is 0/10. The patient has improved the ability to perform repetitive lifting and maximum lifting as well as push/pull resistance. Physical examination on 03/16/11 indicates that right shoulder range of motion is normal. Strength is rated as 4+/5 right supraspinatus, infraspinatus and subscapularis. There is no tenderness.

Initial request for ten additional outpatient work conditioning sessions was non-certified on 03/11/11 noting that the records provided do not specify any functional limitations for this patient precluding his ability to safely achieve current job demands. The medical records submitted do not provide documentation regarding a specific return-to-work goal or job plan that has been established. There are no complete therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. ODG recommends up to 10 work conditioning sessions over 4 weeks, 30 hours total when deemed necessary. The denial was upheld on appeal dated 03/18/11 noting that it is unclear if the patient has met his work capacity. According to the included records, required PDL is medium, but the patient states it is heavy. This should be clarified. There is no updated functional capacity evaluation to assess current work capacity.

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 ten additional outpatient (OP) post-op right shoulder work conditioning (WC) program sessions, over two weeks is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent right shoulder arthroscopy with distal clavicle resection (Mumford type) and debridement of SLAP lesion on 10/07/10 and has completed 10 work conditioning visits to date. The submitted functional capacity evaluation indicates that the patient's required PDL is medium; however, the patient disagrees and reports that his required PDL is heavy. There is no updated functional capacity evaluation submitted for review documenting the patient's current functional status and physical demand level. The Official Disability Guidelines support up to 10 work conditioning sessions over 4 weeks, 30 hours total, and the current request exceeds this recommendation. Given the current clinical data, the request 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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES