



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 10/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

M.D. Board Certified in Occupational Medicine and Urgent Care Medicine.

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

10 Sessions of Additional Work Hardening 8 Hours Per Day x 10 Days.

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

Document Type	Date(s) - Month/Day/Year
Notice of Case Reassignment	9/30/2011
Clinical Documents via Mail including: Letter	Received 9/13/2011
Initial Adverse Determination	7/26/2011
Notice of Reconsideration	8/23/2011
Direct Physician Advisor Report	8/22/2011
Rehabilitation Request for an appeal	8/04/2011
Healthcare System Evaluation	4/08/2011
Functional Capacity Exam	7/25/2011
Statement of Medical Necessity	4/15/2011
Patient Information	
Surgical at Operative Report	6/24/2011
Health System Emergency Department Medical Records	10/10/2010



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Department of Radiology	
Specialties MRI Lt Shoulder	11/05/2010

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a man who developed chronic bilateral shoulder pain associated with an industrial motor vehicle accident sustained a little over one year ago.

Thus far, he has been treated with the following: Right shoulder arthroscopy and rotator cuff repair surgery; extensive post-operative physical therapy; at least 15 sessions of work hardening; chiropractic manipulations; analgesic medications and work restrictions.

He has not yet returned to regular duty work.

The most recent progress note of 8.4.2011 is notable for continued complaints of shoulder pain with reaching and lifting, no physical findings, and comments that the injured worker is capable of performing heavy work, lifting up to 65 pounds occasionally and 32 pounds frequently.

The treating chiropractor has requested an additional 10 sessions of work conditioning.

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

The ODG Guidelines explicitly state that work hardening programs are a one-time option and that repetition of work hardening is not endorsed. "Upon completion of a rehabilitation program (e.g., work conditioning, Work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury."

In this case, the injured worker has already had extensive post-operative PT and work hardening.

A trial of regular work is certainly indicated at this point in time.

Additional work hardening is unlikely to be of benefit.

The response to prior work hardening has not been documented, nor have the goals of further work hardening been clearly articulated.

For all of these reasons, the request for additional work hardening is hereby non-certified.



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

- 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 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: