

MATUTECH, INC.

PO BOX 310069
NEW BRAUNFELS, TX 78131
PHONE: 800-929-9078
FAX: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: October 17, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 sessions of work hardening program

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Office visits (08/18/11 – 09/06/11)
- FCE (08/22/11)
- Utilization reviews (09/01/11 – 09/22/11)

INS:

- Office visits (08/18/11 – 09/06/11)
- FCE (08/22/11)

- Utilization reviews (09/01/11 – 09/22/11)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who experienced a pop in his left shoulder on xx/xx/xx.

On August 18, 2011, Ph.D., performed a psychological diagnostic interview and noted the following treatment history: *“The patient felt a pop in his left shoulder. Magnetic resonance imaging (MRI) performed on January 20, 2010, revealed moderate acromioclavicular (AC) impingement with moderate tendinopathy and*

strain of the distal supraspinatus and infraspinatus tendons without full-thickness rotator cuff tear. The patient underwent surgery on April 20, 2010, that consisted of subacromial decompression, coracoacromial ligament release and debridement of labral tears. The patient tried to return to work in October but was taken off work. An MRI dated April 29, 2011, revealed postsurgical changes most likely from prior acromioplasty, moderate hypertrophy of the AC joint with small joint effusion, mild subacromial and subdeltoid bursitis, bursal surface partial-thickness tear. The patient attended approximately 10 sessions of physical therapy (PT) and underwent four injections since the date of injury with no relief. Due to increased pain level, the patient had reduced overall physical activity which resulted in general deconditioning and difficulty with activities such as lifting and reaching. He also reported sleep disturbance and lack of sleep. History was positive for right shoulder surgery in 2000. Dr. noted that the patient scored 20 on the Beck Depression Inventory (BDI) consistent with moderate depression and 13 on the Beck Anxiety Inventory (BAI) consistent with mild anxiety. He diagnosed pain disorder associated with psychological factors and a general medical condition and recommended a trial of 10 sessions of work hardening program (WHP).

In a functional capacity evaluation dated August 22, 2011, the patient qualified at a medium physical demand level (PDL) versus heavy PDL required by his job. The evaluator recommended functional restoration and/or transition of care program with short-term goals consisting of coordination with mental health profession, increase in lifting ability to meet occupational minimums, vocational training, increasing range of motion (ROM) of the injured areas, developing effective pain-coping strategies, increasing cardiovascular conditioning, increasing postural tolerance to meet occupational minimums, accurately monitoring patient's progress and status with outcome and self-assessment and minimizing adverse outcomes and costs. The long-term goals included independence in self-care, minimizing chances of recurrence of exacerbation and full and complete return to work.

Per utilization review dated September 1, 2011, the request for 10 days of work hardening program (WHP) for five days a week for two weeks for 80 hours as related to the left shoulder was denied with the following rationale: *"As there is not a current physical examination, with the uncertain timing of the MRI and lack of indication that he is not a surgical candidate, there is no sufficient documentation or rationale for outpatient WHP for five days a week for two weeks for 80 hours as related to the left shoulder. Thus the request is not medically reasonable or necessary"*.

On September 6, 2011, Dr. appealed for 10 sessions of WHP. Dr. opined the patient was status post surgical intervention that consisted of subacromial decompression, coracoacromial ligament release and debridement of labral tears and he was not a candidate for further surgical intervention.

Per reconsideration review dated September 22, 2011, the request for 10 sessions of WHP 80 hours was denied with the following rationale: *"The last physician assessment was from May 2011. It is not clear if Dr. ordered the hardening (Criterion 1). It is not clear that the patient has a job to return to after this hardening, and the return has been coordinated with HR for his company*

(Criterion 9). Finally, it is not clear if the claimant would be taken off work for this program or continued in light duty status.”

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

I have reviewed the records and there is no evidence Dr. has ordered a work hardening program or the patient has a job to return to, These questions were raised in previous reviews and do not appear to have been answered. In addition, this is an upper extremity injury and severe deconditioning should not have occurred and work hardening would not be necessary and he is at medium duty level and records indicate return to work has been coordinated with his employer.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES