

I-Resolutions Inc.

An Independent Review Organization
8836 Colberg Dr.
Austin, TX 78749
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 Visits to a Work Hardening Program

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

MD, Board Certified Physical Medicine and Rehabilitation

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

ODG Guidelines: Work hardening & work conditioning
Services Corporation, 07/05/11, 08/04/11
Letter dated 08/25/11, 08/30/11, 07/18/11
Precertification request dated 06/27/11
Psychological evaluation dated 06/21/11
Office visit note dated 06/16/11
Functional capacity evaluation dated 06/21/11
Operative report dated 03/29/11
Handwritten progress notes dated 06/10/11, 06/15/11, 06/13/11, 06/10/11, 06/08/11, 06/07/11, 06/03/11, 06/01/11, 05/31/11, 05/27/11, 05/25/11, 05/23/11, 05/20/11, 05/13/11, 05/11/11, 05/09/11, 05/06/11, 04/05/11, 05/03/11, 04/29/11, 04/27/11, 04/25/11, 04/22/11, 04/21/11, 04/19/11
Designated doctor evaluation dated 09/08/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xxxx. She was injured while pulling a bag when she felt pain in her right shoulder. Designated doctor evaluation dated 09/08/10 indicates that the patient underwent a course of physical therapy and was allowed to return to work with restrictions. The patient underwent two epidural steroid injections with minimal improvement. The designated doctor recommended the patient undergo EMG/NCV to try to identify if she has any lesion in the C5 root. If so, that requires treatment; if not, she is at MMI for cervical strain. The accepted medical condition has reached a level of maximum medical improvement as of 08/17/10 with 7% whole person impairment. The patient underwent right shoulder arthroscopy with subacromial decompression and acromioplasty on 03/29/11 followed by 24 postoperative physical therapy sessions. Functional capacity evaluation dated 06/21/11 indicates that current PDL is light from the waist down and sedentary waist up, and required PDL is medium. Psychological evaluation dated 06/21/11 indicates that medications include Celebrex and Zanaflex. BDI is 8 and BAI is 4. Diagnosis is chronic pain disorder associated with both psychological features and general medical condition. The request for 10 sessions of work hardening program was non-certified on 07/05/11 noting that there are

some significant contradictory findings in the functional capacity evaluation that question its validity. It is also unclear why the patient's pain level stayed almost unchanged after 24 therapy sessions. Psychological scores appear typical of normal postoperative pain and it is unclear why the patient is not a viable candidate for a work hardening program as opposed to work hardening. It is unclear if the patient has a job to return to. Appeal letter dated 07/18/11 indicates that psych services within the work hardening program can address more than just depression and anxiety related symptoms.

The patient would like to return to the same type of work. The denial was upheld on appeal dated 08/04/11 noting that the patient's Beck scales and pain levels do not support the medical necessity for participation in group counseling in a work hardening program. The patient does not have a job to return to at this time.

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

The patient does not present with significant psychological issues as evidenced by the patient's Beck scales (BDI=8 and BAI=4) to support participation in a work hardening program. Additionally, there is no specific, defined return to work goal agreed to by employer and employee as required by the Official Disability Guidelines, and in fact, the submitted records indicate that the patient does not have a job to return to at this time. Based on this information, the reviewer finds there is not a medical necessity for 10 Visits to a Work Hardening Program.

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

ACOEM-AMERICA 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 (PROVIDE A DESCRIPTION)