US Decisions Inc.

An Independent Review Organization
9600 Great Hills Trail Ste 150 W
Austin, TX 78759
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/15/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
outpatient work hardening program (WHP) as related to the left shoulder ten (10) sessions for a total of eighty (80) hours

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Pain Medicine

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Utilization review determination dated 02/06/12, 02/14/12
Request for preauthorization for work hardening program dated 01/31/12
Collaborative report dated 01/29/12
Orientation session dated 12/29/11
Functional capacity evaluation dated 12/29/11, 11/22/11
Handwritten note dated 12/29/11, 12/08/11, 12/06/11, 10/04/11, 10/03/11, 02/10/12, 06/01/11, 04/29/10, 04/08/11, 11/29/11
Behavioral health evaluation dated 01/04/12
Reconsideration dated 02/06/12
Progress note dated 11/28/11, 10/26/11, 09/26/11, 04/07/11, 01/17/12, 07/18/11, 06/28/11, 06/23/11, 01/17/11, 11/29/10, 10/12/10, 01/18/11
MRI brain dated 07/28/10
MRI left knee dated 03/18/08
MRI right knee dated 03/18/08
ROM/MMT dated 11/29/11, 10/21/11, 05/19/11, 12/21/11
Operative report dated 09/15/11
MRI left forearm dated 07/29/10
MRI left shoulder dated 04/14/11
Radiographic report dated 04/14/11
Postoperative visit dated 11/30/11, 09/30/11
Rehabilitation therapy note dated 09/15/11

PATIENT CLINICAL HISTORY SUMMARY
The patient is a female whose date of injury is xx/xx/xx. A stack of tables fell onto her head, left shoulder and left arm. Treatment to date includes physical therapy, trigger point injections, diagnostic testing, medication management and left shoulder arthroscopy with rotator cuff repair and subacromial decompression on 09/15/11. Functional capacity

evaluation dated 11/22/11 indicates that current PDL is sedentary and required PDL is medium. Functional capacity evaluation dated 12/29/11 indicates that current PDL is light. The patient provided submaximal effort. Behavioral health evaluation dated 01/04/12 indicates that current medication is Lisinopril. BDI indicates minimal level of depression and BAI indicates mild level of anxiety. Diagnosis is pain disorder associated with both psychological factors and a general medical condition.

The request for 80 hours of work hardening was non-certified on 02/06/12 noting that the functional capacity evaluation showed submaximal performance and made no recommendations as to further rehabilitation. Also, while goals were discussed with the claimant, no written plan as to those goals is seen. The denial was upheld on appeal dated 02/14/12 noting that ODG clearly states “the best way to get an injured worker back to work is with a modified duty RTW program rather than a work hardening/conditioning program”. The requestor makes no mention of the availability of restricted duty. The claimant appears to offer less than maximum effort during the functional capacity evaluation. The AROM measurements performed by and are inconsistent and therefore invalid. himself concludes that he is unable to accurately assess the claimant’s actual capacity and/or ability due to her submaximal effort during testing. ODG notes that there is limited literature support for multidisciplinary treatment and work hardening for the neck, hip, knee, shoulder and forearm. A rationale for providing services, which are not directly supported by the ODG is not provided by the requestor.

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

The submitted mental health evaluation does not document specific Beck scales, but does note that BDI indicates minimal level of depression and BAI indicates mild level of anxiety. The patient does not present with significant psychological indicators to support an interdisciplinary program with a psychological component. The submitted functional capacity evaluation notes that the patient provided submaximal effort. The patient is not currently taking any narcotic or psychotropic medications. There is no specific, defined return to work goal provided. The reviewer finds medical necessity has not been established for the proposed outpatient work hardening program (WHP) as related to the left shoulder ten (10) sessions for a total of eighty (80) hours.

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)