

US Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/24/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening for five times a week for two weeks for a total of 80 hours

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

M.D., Board Certified Anesthesiology

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

Official Disability Guidelines

Utilization review determination dated 01/06/12, 01/27/12

Work hardening program preauthorization request dated 01/03/12

Patient report of work duties dated 12/22/11

PPE dated 12/14/11

History and physical dated 12/14/11

Work hardening plan and goals of treatment dated 12/14/11

Behavioral medicine consultation dated 12/14/11

Reconsideration dated 01/20/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was injured when he was moving over 50 lbs. He felt something pop in his right shoulder. He had right shoulder surgery on 10/11/11, physical therapy and medication management. Behavioral medicine consultation dated 12/14/11 indicates that BDI is 41 and BAI is 16. Diagnosis is pain disorder associated with psychological factors and a medical condition, acute; and major depressive disorder, single episode, severe without psychotic features. PPE dated 12/14/11 indicates that required PDL is heavy and current PDL is light. Current medications are cyclobenzaprine, Celebrex, Lisinopril and Omeprazole.

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

The submitted records fail to establish that the patient has completed an adequate course of physical therapy with improvement followed by plateau, as required by the Official Disability Guidelines. There are no serial physical therapy progress notes submitted for review. There is no specific, detailed return to work plan submitted for review. The guidelines have not been satisfied. The reviewer finds no medical necessity at this time for Work Hardening for five times a week for two weeks for a total of 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

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)