

Core 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/29/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

additional work conditioning for 3 weeks 4 hours a day

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

M.D., Board Certified General Surgery; Fellowship trained Orthopedic Hand and Upper Extremity Surgery

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, 02/06/12
Functional capacity evaluation dated 12/20/11
Request for continuation dated 01/30/12
Follow up note dated 01/12/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. Functional capacity evaluation dated 12/20/11 indicates that the patient's current PDL is heavy and required PDL is very heavy. The patient has reportedly shown increased endurance to prolonged lifting, carrying, pushing and pulling since his functional capacity evaluation performed on 11/03/11 (not submitted for review). The patient is limited by anterior shoulder pain and weakness after prolonged lifting and carrying. Follow up note dated 01/12/12 indicates that the patient reports he is doing significantly better compared to preoperative pain levels. He has been doing work conditioning and has progressed well. On physical examination right shoulder abduction is 180, flexion to 170 and internal rotation to T7. He has mild pain with Yergason's test and saw test. Left shoulder active range of motion is 180 degrees of abduction and flexion. Internal rotation is to T4. The patient is noted to be 5 ½ months status post right shoulder long head of the biceps tenodesis.

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

The patient is noted to be status post surgical intervention to the right shoulder; however, there is no operative report submitted for review and no postoperative treatment records were provided. There are no physical therapy or work conditioning notes provided to assess the

patient's objective, functional response to this treatment. Initial reviews document that the patient has completed 30 hours of work conditioning. The Official Disability Guidelines support up to 30 hours of work conditioning, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. The reviewer finds medical necessity has not been established for additional work conditioning for 3 weeks 4 hours a day.

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)