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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Nov/07/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
30 hours of work conditioning (10 sessions)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
CT right upper extremity 12/12/11
SOAP note 12/28/11-1015/12
Electrodiagnostic study dated 01/16/12
Post arthrogram MRI of the right shoulder dated 04/19/12
Op. procedure note dated 05/08/12
Physical therapy notes dated 05/21/12-07/02/12
Utilization review provider request form dated 06/05/12
Functional capacity evaluation dated 07/18/12
Utilization review determination dated 08/31/12
Utilization review determination dated 09/24/12

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell. CT of the right shoulder dated 12/12/11 revealed mild spurring of the AC joint, rotator cuff tendon looks intact. Note dated 12/28/11 indicates that the patient has completed 12 visits of physical therapy. EMG/NCV dated 01/16/12 revealed no evidence of entrapment neuropathy, plexopathy or radiculopathy in the right upper extremity. The patient subsequently underwent right shoulder arthroscopy with labrum tear repair, excision distal clavicle, acromioplasty and rotator cuff repair on 05/08/12. Functional capacity evaluation dated 07/18/12 indicates that current PDL is medium. The patient is not able to leave work to undergo further

rehabilitation.

Initial request for 30 hours of work conditioning was non-certified on 08/31/12 noting that the claimant's current limitations are associated with some persistent numbness in his hand more than evidence of functional deficit or significant weakness. The claimant has documentation of weakness of the upper extremity and shoulder rated anywhere from 4+/5 with persistent numbness and increased two point discrimination based on the records reviewed. Documentation of evaluation of any significant psychosocial drug or attitudinal barriers to recovery has not been addressed and indications of plateau of physical therapy have not been provided. It is unlikely that continued work conditioning or physical therapy is going to change the claimant's subjective reports of persistent numbness in the right hand. The denial was upheld on appeal dated 09/24/12 noting that the 05/31/12 physical therapy note indicates that the patient was improving with physical therapy. The patient had shown substantial progress since starting therapy, with improved pain levels, increased passive shoulder range of motion, and a healed incision. Considering that the records do not show that the patient had plateaued in physical therapy, a work conditioning program would not be medically indicated per the guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Based on the clinical information provided, the request for 30 hours of work conditioning (10 sessions) is not recommended as medically necessary, and the two previous denials are upheld. The submitted records indicate that the patient has been given a release for work with the only restriction of no overhead lifting. It is unclear why this cannot be addressed with a structured home exercise program. The patient's physical examination on 10/15/12 is grossly unremarkable. Wounds are benign. He moves his fingers well. Range of motion is excellent. He can place his hand behind his back and behind his head. He can touch his opposite shoulder. Given the current clinical data, the requested work conditioning program is not indicated as medically necessary. The patient has completed sufficient formal therapy and should be capable of continuing to improve strength and range of motion with an independent, self-directed home exercise program as recommended by the guidelines.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES