

# Applied Assessments LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Nov/14/2013

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

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

PM&R

Pain Medicine

### 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)

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

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 10/21/13, 10/11/13

Physical capability evaluation dated 10/10/13, 06/13/13, 03/28/13

Visit note/summary dated 10/21/13

Letter dated 09/09/13, 07/02/13

Telephone note dated 08/19/13

Initial evaluation dated 08/14/13, 05/14/13, 03/13/13

MRI right shoulder dated 03/14/12

Operative note dated 01/15/13

Right shoulder MRI arthrogram dated 08/17/12

Office note dated 07/03/13, 08/01/12, 11/04/13, 10/21/13, 10/16/12, 10/10/12, 10/07/13, 09/25/13, 09/11/13, 08/28/13, 08/14/13, 07/31/13, 07/17/13, 07/03/13, 06/19/13, 06/05/13, 05/22/13, 05/08/13, 04/24/13, 04/10/13, 04/19/12, 04/05/12, 03/27/13, 03/13/13, 02/27/13, 02/13/13, 01/30/13, 01/16/13, 01/03/13, 12/19/12, 12/05/12, 11/21/12, 10/31/12, 10/17/12, 09/26/12, 09/04/12, 08/20/12, 08/15/12, 08/06/12, 08/01/12, 07/30/12, 07/18/12, 07/06/12, 06/06/12, 05/21/12, 05/04/12

Procedure note dated 07/05/12

Soap note dated 10/08/13, 10/07/13, 10/04/13, 10/03/13, 10/02/13, 09/30/13, 09/27/13, 09/26/13, 09/24/13, 06/07/13, 06/06/13, 03/15/13, 03/20/13,

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. She started to have pain in the right

shoulder. The patient underwent right shoulder distal clavicle excision, acromioplasty, excision of acromion fracture fragments and rotator cuff repair on 07/05/12. The patient underwent stellate ganglion block on 01/15/13. Per note dated 03/20/13, the patient completed 49 physical therapy visits and 10 work conditioning visits. Physical capabilities evaluation dated 03/28/13 indicates that the patient achieved a light-medium PDL. The patient subsequently completed 10 additional work conditioning visits. Physical capability evaluation dated 06/13/13 indicates that the patient achieved a sedentary PDL. Per note dated 10/08/13, the patient has completed 29 visits of what appears to be a work conditioning program. The patient is compliant yet making slow progression toward all long term goals. Physical capability evaluation dated 10/10/13 indicates that the patient achieved a light strength rating. Follow up note dated 11/04/13 indicates that on physical examination her wound is benign. She moves her fingers well. She can place her hand behind her back. She can touch her hand to her opposite shoulder. She can place her hand behind her head. Active range of motion is flexion 145 degrees with abduction of 130 degrees.

Initial request for work conditioning 5 x wk x 2 wks was non-certified on 10/11/13 noting that the request for 10 sessions in addition to the previous number of completed work conditioning treatments were in excess of guideline recommendations and because the patient was not noted to have progressed significantly following her previous work conditioning program. In the 10/07/13 PT report, it was documented that the patient had already completed "70" therapy visits since 07/09/12. She was reportedly compliant with her rehabilitation program, but was making slow progress with regards to her long term goals. As the patient has already completed ten work conditioning sessions and a substantial amount of PT sessions in the past, the current request for 10 more work conditioning visits is still deemed to be in excess of guideline recommendations. Exceptional clinical indications which may warrant extension of rehabilitation well beyond the recommended duration of care were still not specified.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The patient underwent right shoulder distal clavicle excision, acromioplasty, excision of acromion fracture fragments and rotator cuff repair on 07/05/12 and has completed extensive postoperative physical therapy in excess of Official Disability Guidelines recommendations, as well as at least 10 postoperative work conditioning visits. The patient is noted to be compliant, but making slow progress towards long term goals. The Official Disability Guidelines support up to 10 visits of work conditioning, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. As such, it is the opinion of the reviewer that the request for work conditioning 5 x wk x 2 wks right shoulder is not recommended as medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**