

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jun/11/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening Program (5 X 2) 10 sessions

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

PM&R and 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 04/11/13, 05/01/13, 01/25/13
Functional capacity evaluation dated 01/17/13, 01/30/13
Interpretation of neurodiagnostic testing dated 01/31/13
IME dated 11/16/12
Impairment rating dated 01/25/13
Reconsideration for work hardening dated 03/12/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was pulling on a large box and she injured her left shoulder. IME dated 11/16/12 indicates that the patient underwent left shoulder arthroscopy on 05/31/12 followed by postoperative rehabilitation. The IME doctor opines that the patient does not need any further prescriptions, diagnostics, doctor visits, physical therapy, TENS, chiropractic, injections, DME or surgery. Functional capacity evaluation dated 01/17/13 indicates that required PDL is medium-heavy and current PDL is light. Designated doctor evaluation dated 01/25/13 indicates that the patient reached maximum medical improvement as of 09/05/12 with 11% whole person impairment.

Initial request for work hardening was non-certified on 04/11/13 noting that ODG has concluded that the best way to get an injured worker back to work is with a modified duty return to work program rather than a work hardening/work conditioning program. In the

absence of modified duty availability, work hardening program specific to the work goal will be helpful. ODG states that the evidence for real work is far stronger than the evidence for return to work program. There was no documentation of absence of modified duty availability. The patient was declared MMI in September 2012 and granted 13% whole person impairment. She was released to full duty. The denial was upheld on appeal dated 05/01/13 noting that the functional capacity evaluation is over 3 months old and not a reliable indicator of the claimant's current physical demand level. The claimant was returned to work duties and apparently modified work duties are available. There is no behavioral assessment outlining psychosocial overlay. There is no job description from the employer outlining specific job requirements. The patient received 39 sessions of postoperative physical therapy and should do just as well with a self-directed home exercise program and a return to modified work activities.

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

The patient sustained injuries on xx/xx/xx. Per IME dated 11/16/12, the patient does not need any further prescriptions, diagnostics, doctor visits, physical therapy, TENS, chiropractic, injections, DME or surgery. The submitted functional capacity evaluation is nearly 5 months old and is not likely a true representation of the patient's current functional abilities. There is no pre-program behavioral health evaluation submitted for review as required by the Official Disability Guidelines. The patient was determined to have reached maximum medical improvement as of 09/05/12 by a designated doctor. The submitted records indicate that there is modified duty available. As such, it is the opinion of the reviewer that the request for Work hardening program (5 x 2) 10 sessions 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