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IRO Certificate #4599

Notice of Independent Review Decision

DATE OF REVIEW: 8/27/13

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work Conditioning Program: Right Shoulder, additional 10 sessions

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

Physician Board Certified in Physical Medicine & Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overtuned (Disagree) X

Partially Overtuned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Notice, 7/16/13

Adverse Determination 'After Reconsideration Notice', 7/19/13

Letter of Reconsideration, 7/23/13

Clinic Notes (2): Follow-up Evaluation(s), 8/16/13, 7/02/13

Work Conditioning Program (Progress Notes) (3), 6/28/13, 6/21/13, 6/10/13

Functional Capacity Evaluation, 6/10/13

Diagnostic Reports: Right Shoulder Arthrogram & MRI Right Shoulder, Post Arthrogram;
12/04/13

Post-Op Instructions Sheet

ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male who was injured in xx/xxxx, when he slipped and fell backwards, injuring his right shoulder. Patient states he felt the shoulder 'pop' at that time. On 12/04/12, a right shoulder arthrogram and post arthrogram MRI were performed revealing a Hill-Sachs impaction injury of the right humerus, and a Bankart labrum lesion. On 2/6/13 he underwent Bankart and SLAP (Superior Labral Tear from Anterior to Posterior) surgeries to repair lesions. There was immediate post operative mobilization followed later by physical therapy totaling 24 sessions. Patient was later able to resume work with restrictions and light duty. In June, 2013, he underwent 10 sessions of work conditioning, but was only allowed to do 4 hours vs 8 hours of each day's sessions due to his light occupational duties. Ten additional sessions have been requested due to his still present overhead lifting limitations and job demands.

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

Decision: I disagree with the benefit company's decision to deny the requested service.

Rationale/Reasoning: The patient had a fairly complex injury with the Hill-Sachs bony lesion and the

Bankart labrum lesion requiring the surgical repair. His June work hardening sessions were not full program days, but instead, 4 hours per day. The statements in the assessment of Work Conditioning, progress notes of 6/28/13 are noted, particularly concerning the problems of repetitive overhead lifting of medium and heavy amounts required in the performance of his electrician's work. It is noted that he has been very compliant with his previous work conditioning program. Also noted, the explanatory statements in the 7/23/13 letter of reconsideration by (physical therapist). His functional capacity

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION (cont'd) examination revealed that he was functioning well at a medium and heavy physical demand level, but not overhead. His job requirements include the ability to do heavy lifting, at times, repetitively, overhead. His age, the nature of his lesions, and the unique, specific job requirements put his case somewhat outside the paradigm of ODG requirements concerning shoulder injuries and rehabilitation therapies. The 10 additional sessions of work conditioning would be medically reasonable.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)