

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

April/1/2014

### IRO CASE #:

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

12 work conditioning sessions

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

Board Certified PM&R

### 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:

#### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient complained of left shoulder and upper arm pain. Radiographs were performed which revealed AC arthrosis and narrowing of the subacromial space. MRI dated 02/11/13 revealed moderate supraspinatus and infraspinatus tendinosis with high grade partial thickness tear of the rotator cuff and AC joint arthrosis and bursitis. The patient completed a course of physical therapy. The patient underwent shoulder injection on 10/03/13. Follow up note dated 10/24/13 indicates that pain is rated as 8/10. The patient subsequently underwent left rotator cuff repair with Neer acromioplasty on 11/08/13. Interim report dated 01/16/14 indicates that the patient reports he is 65-70% improved overall. On physical examination the patient actively abducts to 130, forward flexes to 180, externally rotates to 35 and internally rotates to L5. Functional capacity evaluation dated 02/18/14 indicates that the patient cannot safely perform activities necessary for him to return to his previous job at this time without lifting restrictions and allotted breaks. Designated doctor evaluation dated 03/06/14 indicates that the patient has reached maximum medical improvement as of 02/25/14 with 45% whole person impairment. Note dated 03/07/14 indicates that the patient has completed 24 postoperative physical therapy visits to date.

Initial request for 12 work conditioning sessions was non-certified on 03/04/14 noting that the patient is status post arthroscopic surgery and has completed 30 sessions of post op physical therapy. The functional capacity evaluation rated the claimant at the light PDL; however, the

lifting tests do not appear to be consistent. The claimant is able to push/pull a sled weighing 60 lbs 10 times. The claimant lifted 14 pounds 10 times, but there is no indication that he was unable to lift at higher levels. The claimant should do just as well with a return to modified work duties and a self-directed home exercise program. The denial was upheld on appeal dated 03/14/14 noting that the patient has completed 24 postoperative physical therapy visits, not 30. The patient was terminated from his job and does not have a job to return to. There is no written job description or DWC 74 to verify the employee's work required PDL, and the patient has already been put at MMI as of 02/25/14 with a 4% IR. Patient is over 4 months status post left shoulder surgery which was followed by post-op PT x 24 sessions. A designated doctor has already determined employee has reached MMI and did not suggest or recommend that work conditioning or work hardening was medically necessary.

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

The patient sustained injuries in xx/xxxx and underwent rotator cuff repair with Neer acromioplasty on 11/08/13 followed by 24 postoperative physical therapy visits. The Official Disability Guidelines support up to 10 visits of work conditioning, and the current request exceeds guideline recommendations. The submitted records indicate that the patient has been terminated from his job, does not have a job to return to at this time, and there is no job description provided. The patient has been placed at maximum medical improvement by a designated doctor as of 02/25/14 with 4% whole person impairment. As such, it is the opinion of the reviewer that the request for 12 work conditioning 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:**

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

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**