

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Dec/18/2013

**IRO CASE #:**

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

Additional Work Conditioning Program x 30 Hours - Shoulder

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

Board Certified Orthopedic Surgeon (Joint)

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 10/23/13, 12/02/13

Physical capability evaluation dated 10/08/13

Follow up note dated 10/30/13, 11/27/13, 11/13/13, 10/16/13, 10/02/13, 09/18/13, 09/04/13, 08/30/13, 08/21/13, 08/12/13, 08/07/13, 07/24/13, 07/10/13, 06/26/13, 06/14/13, 05/31/13, 05/15/13, 05/03/13, 04/19/13, 04/01/13, 02/27/13, 02/15/13

Operative report dated 06/13/13

MRI left shoulder dated 02/25/13

Left shoulder arthrogram dated 02/25/13

Appeal note dated 11/27/13, 10/21/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. The patient fell to the ground at work causing multiple injuries. The patient subsequently underwent left shoulder examination under anesthesia, arthroscopy and repair of glenoid labrum SLAP tear on 06/13/13. Note dated 06/26/13 indicates that the patient initiated postoperative physical therapy on this date. Per note dated 08/21/13, flexion is 140 degrees and abduction is 120 degrees. It is recommended that she proceed to a work conditioning program. Functional capacity evaluation dated 08/27/13 reportedly noted a less than sedentary PDL. Thirty hours of work conditioning were authorized. Note dated 10/02/13 indicates that the patient completed 10 visits of work conditioning. Range of motion is flexion 150 degrees and abduction 140 degrees. Physical capability evaluation dated 10/08/13 indicates that the patient achieved a less than sedentary PDL. Note dated 10/16/13 indicates that the patient is 80% better. The patient would like to continue work conditioning.

Initial request for additional work conditioning program x 30 hours was non-certified on

10/23/13 noting that the patient's work required PDL is not stated, a written job description or DWC 74 from the employer has not been provided, and the request exceeds ODG. There is no objective evidence of functional improvement following postoperative PT and now 30 hours of a work conditioning program, and additional work conditioning above and beyond ODG recommendations cannot be justified. The denial was upheld on appeal dated 12/02/13 noting that the patient gained good benefit from the previous work conditioning program and will likely benefit from a home exercise program for the remaining small functional deficit. The claimant has good range of motion. The claimant has already undergone 30 hours of work conditioning and 30 more hours would exceed the guidelines. The guidelines state that after completion of a program, no re-admittance into a similar program would be supported. The claimant has good range of motion and should be able to complete a home exercise program.

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

The patient underwent left shoulder examination under anesthesia, arthroscopy and repair of glenoid labrum SLAP tear on 06/13/13 followed by a course of postoperative physical therapy as well as 30 visits of work conditioning. The patient's physical demand level remained less than sedentary, per follow up functional capacity evaluation dated 10/08/13. The Official Disability Guidelines support up to 30 hours 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 additional work conditioning program x 30 hours-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:**

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

AHCPR-AGENCY FOR HEALTHCARE 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, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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 A DESCRIPTION)

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