

I-Resolutions Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501
Austin, TX 78731
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/16/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: work hardening program x 80 hours/units

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Family 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. It is the opinion of the reviewer that the request for work hardening program x 80 hours/units is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a xx year old whose date of injury is xx/xx/xx. The patient reports that he suffered an injury to his left shoulder when having to lift and maneuver a 32 lb. ladder. Treatment to date includes left shoulder arthroscopy on 01/17/14, manipulation under anesthesia on 05/21/14, 3 steroid injections and approximately 24 sessions of physical therapy. Designated doctor evaluation dated 02/16/15 indicates that the patient reached maximum medical improvement as of 12/31/14 with 6% whole person impairment. Functional capacity evaluation dated 04/03/15 indicates that current PDL is medium (35 lbs) and required PDL is medium (50 lbs). Follow up note dated 04/29/15 indicates that the patient has full range of motion of the left shoulder with mild pain at full abduction. There is no tenderness over the left shoulder. Reflexes are normal and there are no motor or sensory deficits noted. The patient states that he does not have a job at the present time. Assessment/evaluation dated 05/04/15 indicates that FABQ-W is 24 and FABQ-PA is 14. BDI is 2 and BAI is 2. Current medication is Mobic. Work hardening program preauthorization request dated 05/18/15 indicates that the patient has shown modest improvement with physical therapy and has been recommended for progression to a work hardening program.

Initial request for work hardening program x 80 hours was non-certified on 05/20/15 noting that the documentation submitted for review does show that the patient is at a light medium PDL and that his occupation requires a medium PDL. However, the documentation provided fails to show that the patient had improved with physical therapy followed by a plateau or that further physical therapy is unlikely to address his symptoms.

Also, while it is noted that there are no invasive procedures recommended at this time, it was not stated that the patient was not a candidate for whom surgery or other treatments would clearly be warranted as well as further diagnostic evaluations. Reconsideration request dated 06/03/15 indicates that he has exhausted all lower levels of care. He has done 24 sessions

of physical therapy. He is not a surgical candidate. He needs the program to help him return to work. Due to his psychological overlay, he will require a program with a group psychotherapeutic component. The denial was upheld on appeal dated 06/23/15 noting that there is no evidence of active therapy directed to the left shoulder which showed noted improvement followed by a plateau. Moreover, a specific return to work plan was not established, communicated and documented.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injury to the left shoulder on xx/xx/xx and has undergone treatment including surgical intervention x 2, injection therapy and approximately 24 physical therapy sessions. The submitted records fail to document improvement followed by plateau as required by the Official Disability Guidelines. There are no serial physical therapy records submitted for review. The submitted psychometric testing measures fail to document any significant psychological component which would require a multidisciplinary program. It is reported that the patient does not have a job at this time and therefore, it is unclear what required physical demand level on the submitted physical performance evaluation is regarding. The Official Disability Guidelines require a specific, defined return to work goal or job plan. As such, it is the opinion of the reviewer that the request for work hardening program x 80 hours/units is not recommended as medically necessary and the prior denials are upheld.

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)