

P-IRO Inc.

An Independent Review Organization

Phone Number:
(817) 779-3287

1301 E Debbie Lane Suite 102 PMB 203
Mansfield, TX 76063
Email: p-iro@irosolutions.com

Fax Number:
(817) 385-9612

Notice of Independent Review Decision

Case Number:

Date of Notice: 04/07/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physican Medicine And Rehab

Description of the service or services in dispute:

10 visits of work conditioning (20 hours total)

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)

Patient Clinical History (Summary)

The patient is a female with a date of injury of XX/XX/XX. The mechanism of injury was attempting to move a table. The patient underwent an arthroscopic rotator cuff repair on XX/XX/XX. The patient then completed 28 postoperative physical therapy sessions. The Functional Capacity Evaluation from XX/XX/XX notes the patient was able to perform within the light physical demand category and the patient had a medium physical demand capacity. The clinical note from XX/XX/XX notes the patient was seen for followup of the left shoulder injury. It was noted the patient continues to have an ache in her shoulders as well as weakness. The examination noted the patient had forward flexion of 180 degrees, abduction 180 degrees, internal rotation painful at 60 degrees, and external rotation painful at 60 degrees. There was 4/5 strength in shoulder internal rotation on the left side and 4/5 strength on external rotation. There was intact sensation.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Official Disability Guidelines note that work conditioning amounts to an additional series of intensive physical therapy visits beyond a normal course of physical therapy. 10 visits over 4 weeks is recommended, up to 30 hours. The documentation does indicate the patient has decreased strength on internal and external rotation with decreased range of motion on internal and external rotation as well as pain. However, there was a lack of documentation indicating as to why the physician believes the patient would continue to progress with additional physical therapy rather than a home exercise program. The patient has previously completed 28 sessions of postoperative physical therapy and should be well versed in home exercise program. As such, the requested 10 visits of work conditioning 20 hours total is not medically necessary and the previous decision would be upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)