

**I-Resolutions Inc.**  
An Independent Review Organization  
3616 Far West Blvd Ste 117-501  
Austin, TX 78731  
Phone: (512) 782-4415  
Fax: (512) 790-2280  
Email: [manager@i-resolutions.com](mailto:manager@i-resolutions.com)

***Description of the service or services in dispute:***

Work Conditioning Program, 10 Visits over 4-5 weeks, equivalent to up to 30 hours - Right Shoulder  
97545 Conditioning and work hardening, first two hours  
97546 Conditioning and work hardening, each additional hour following the first two hours

***Description of the qualifications for each physician or other health care provider who reviewed the decision:***

Board Certified Orthopedic Surgeon

***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)***

XXXX who was diagnosed with complete rotator cuff tear or rupture of the right shoulder, not specified as traumatic (M75.121). XXXX was status post right shoulder arthroscopic rotator cuff repair, arthroscopic subacromial decompression, possible arthroscopic biceps tenodesis and possible arthroscopic extensive debridement (coracoplasty). XXXX worked as a XXXX.

The patient sustained an injury to the right shoulder on XXXX when XXXX, and the XXXX shoulder. Per a progress note dated XXXX (Orthopedic Surgery) documented the patient was six months status post a large anterosuperior rotator cuff repair. The patient reported XXXX was doing better. XXXX had been working with physical therapy and reported regaining strength. XXXX did not feel XXXX was quite ready to return to work. The examination showed good range of motion except for internal rotation, which was to L4-L5. Strength was 4+/5 with grimacing in all planes. On XXXX, a functional capacity evaluation (FCE) was performed by XXXX (Physical therapy). XXXX underwent a series of tests and demonstrated excellent consistency and effort. The test results were valid. XXXX ongoing physical demand level was noted to be medium. Critical work activities revealed lifting from floor to waist of 47 pounds with deficits of 13 pounds, lifting from waist to shoulder/carry of 37 pounds with deficit of 23 pounds, lifting from shoulder to overhead of 30 pounds. The limiting factors were diminished lifting capacity, low endurance, discomfort and fatigue. XXXX symptoms were generalized to the right shoulder, but XXXX also had been having radicular symptoms along the lateral left lower extremity with mild foot-drop. Questionnaires indicated mild-to-moderate pain perception, mild functional limitations and moderate to high fear avoidance. Instrumented measures revealed 29% range of motion deficit of the right shoulder planes and average strength deficit of 30% for rotator cuff and elbow movement. The patient's cardio conditioning was less than XXXX position's workload estimate. The therapist recommended a work conditioning program as a prerequisite for return to job. On XXXX

was eight months status post right arthroscopic rotator cuff repair. XXXX reported that the pain was minimal and also reported slight weakness in the shoulder. XXXX had not met with requirements for shoulder and overhead lifting. XXXX had muscle aches and weakness. XXXX was referred to work conditioning and would also be referred to XXXX to complete the return-to-work program.

Treatment to date consisted of medications, surgery and physical therapy.

Per a utilization review adverse determination letter dated XXXX, by XXXX (Chiropractic Care/Family Practice), the request was for a work conditioning program 10 visits over four to five weeks, equivalent to up to 30 hours for the right shoulder was non-certified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request was non-certified. The patient had pain behaviors with grimacing during all planes of motion and psychosocial barriers with fear avoidance. This information provided a direct contraindication to enrollment for a work conditioning program. Per evidence-based guidelines, Work Conditioning amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision. Of note, the patient demonstrated medium physical demand level, and XXXX FABQpa was 19 and FABQw of 34. However, there was limited documentation of objective findings of exhaustion of lower levels of care, as there was a limited actual report submitted for review. Furthermore, there was no documentation of a comprehensive evaluation determining the motivational, psychosocial, and behavioral factors to determine successful participation to goals to recovery is not identified. Thus, the request is not medically necessary. Additional information was not obtained."

An undated appeal letter by XXXX (Physical Therapy)/XXXX documented that the request had been noncertified by XXXX for the following reasons. A) "Limited documentation of objective findings of exhaustion of lower levels of care" Rebuttal: XXXX received 25 physical therapy postoperative visits from XXXX (five months). Physical therapy assessment notes were delivered as part of a 47-page Worker's compensation request documentation set. B) "No documentation of a comprehensive evaluation determining the motivational, psychosocial and behavioral factors to determine successful participation to recovery." Rebuttal: Per the Official Disability Guidelines, Work 'Conditioning' did not require formal Behavioral Health evaluation. Additionally, the functional capacity evaluation evaluator did not observe any signs to indicate interference in performance from motivation, psychosocial or behavioral factors. Rather, it was noted that XXXX demonstrated "Excellent Consistency & Effort". C) "The patient had pain behaviors with grimacing during all planes of motion and psychosocial barriers of fear avoidance a direct contraindication to enrollment for a Work Conditioning program." Rebuttal: Absolutely False. There are no "evidence based, peer reviewed guidelines" which state "grimacing during range of motion" is a recipe for failure in Work Conditioning. Additionally, "fear avoidance" was documented due to scores from a self-report questionnaire. While this could pose as a mental barrier, a thorough reading of the functional capacity evaluation report revealed neither this nor symptom exaggeration played any limiting factor in XXXX's test performance. Again, on the contrary, XXXX put forth "Excellent Consistency & Effort."

A letter for reconsideration of the request by XXXX (Orthopedic Surgery) on XXXX indicated that the request for Work Conditioning Program 10 Visits over four to five weeks, equivalent to up to 30 hours for right shoulder, was noncertified. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-

certified. There was no recent physical therapy evaluation to validate the patient's objective functional response from prior therapy to validate failure or exhaustion to warrant an additional series of intensive physical therapy. Furthermore, there was no medical report to validate psychosocial, drug or attitudinal barriers to recovery. There were no additional medicals noting significant objective changes in the medical records submitted to overturn the previous denial of the request.”

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

The ODG supports the use of a work conditioning program which amounts to an additional series of intensive physical therapy visits required beyond a normal course of physical therapy primarily for exercise training/supervision. The ODG indicates that this intervention would be contraindicated if there are already significant psychosocial, drug, or attitudinal barriers to recovery not addressed by this program. The documentation available indicates some evidence of fear avoidance, but not sufficient evidence that would preclude participation in work conditioning. Additionally, grimacing during a lifting maneuver is not a contraindication to proceeding with additional their appeal. The documentation from the physical therapist very clearly indicates that 25 postoperative therapy visits have been completed with reported improvement, but persistent deficits. The functional capacity evaluation had been validated, and the injured worker was unable to adequately perform the prior job duties. Given the therapy previously completed, the validity of the functional capacity evaluation, and the lack of clear evidence of psychosocial or attitudinal barriers, the work conditioning would be considered medically necessary. Overturn of the prior denial is recommended.

***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
- AHRQ-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

**ODG Work Conditioning (WC) Physical Therapy Guidelines**

WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also Physical therapy for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.

Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours.

- 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 Medical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)