

provider. Your case was reviewed by a physician who is licensed in chiropractic and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on April 18, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/thh

REVIEWER'S REPORT
M2-05-1191-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

Correspondence

Physical therapy notes 09/28/04 – 03/14/05

FCE 02/15/05 – 03/25/05

Information provided by Respondent:

Correspondence

Clinical History:

The claimant was working when he was involved in a work related event on _____. _____ experienced immediate pain to his shoulder. The worker underwent conservative treatment followed by a rotator cuff repair on 09/28/04. Claimant engaged in a post operative rehabilitation program and had a Functional Capacity Evaluation (FCE) performed on 03/25/05 that revealed an inability to perform overhead lifts, decreased AROM over the right shoulder most noted in abduction/forward flexion, strong effort in stabilized static based lifting application, and inappropriate biomechanics in dynamic manual materials handling trials. _____ did not perform at a Physical Demands Classification (PDC) that would allow transition to general industry in the Very Heavy PDC required for a Driver's Helper. The provider requested a trial of 30 sessions of work conditioning performed over a 6-week duration. Insurance carrier has denied this therapeutic request on two occasions 02/11/05 and 02/24/05.

Disputed Services:

Work conditioning X 6 weeks (30 sessions).

Decision:

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that a 6-week (30 sessions) work conditioning program is not medically necessary. However, a 2-week work conditioning program (10 sessions) is medically necessary in this case.

Rationale:

A 6-week trial of work conditioning is excessive given the claimant's functional levels recorded on the 03/25/05 Functional Capacity Evaluation. However, the reviewer disagrees with the carrier's position that returning this claimant to general industry with modified work restriction will be beneficial for this claimant's ability to perform manual materials handling (MMH) essential to his specific job requirements. A controlled 2 week trial of work conditioning (10 sessions) will be appropriate in the transition of this claimant to general industry.

It is clear from the FCE performed on 03/25/05 that the claimant can exhibit a good effort in lifting with a static, stabilized lifting trial. In this claimant's real work experiences, lifting is dynamic and requires a great degree of movement. The FCE performed revealed a great degree of fatigue and inappropriate biomechanics in these dynamic MMH trials that would lead to predisposition toward future injury.

It is essential for this claimant, to be instructed on appropriate biomechanical lifting patterns for MMH trials that are a large component of this worker's required occupational duties. In the work conditioning trial, weights in MMH applications should incrementally increase to a level that is paralleled with the claimant required physical levels in general industry. A concurrent home rehabilitation program should be strongly encouraged.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed references.

- Bonato P, et al. Muscle fatigue and fatigue-related biomechanical changes during a cyclic lifting task. *Spine*. 2003 Aug 15;28(16):1810-20.
- Dempsey PG, et al. Analysis of workers' compensation claims associated with manual materials handling. *Ergonomics*. 1999 Jan;42(1):183-95.
- Ety Griffin LY. Neuromuscular training and injury prevention in sports. *Clin Orthop Relat Res*. 2003 Apr;(409):53-60.
- Overview of implementation of outcome assessment case management in the clinical practice. Washington State Chiropractic Association; 2001. 54p.
- Sevier TL, et al. The industrial athlete? *Work*. 2000;15(3):203-207.