CompPartners Final Report

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: ---
Texas IRO # : ---
MDR #: M2-06-1791-01
Social Security #: XXX-XX-
Treating Provider: Dean McMillan, M.D.
Review: Chart
State: TX
Date Completed: 9/26/06

Review Data:

- **Notification of IRO Assignment dated 8/7/06, 1 page.**
- **Receipt of Request dated 8/7/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 7/20/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 2 pages.**
- **Peer Review dated 7/7/06, 6/27/06, 4 pages.**
- **Fax Cover Sheet/Comments dated 9/1/06, 1 page.**
- **Progress Report dated 9/1/06, 1 page.**
- **Report of Medical Evaluation dated 7/24/06, 1 page.**
- **Designated Doctor Evaluation dated 7/24/06, 4 pages.**
- **Therapy Authorization Request dated 7/12/06, 1 page.**
- **Request for Reconsideration dated 6/28/06, 2 pages.**
- **Functional Capacity Evaluation Report/Letter dated 6/22/06, 3 pages.**
- **Functional Capacity Assessment dated 6/22/06, 12 pages.**
- **Work Conditioning Assessment Psychosocial History date 6/20/06, 3 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for Work Conditioning, 20 sessions (97545-WC, 97546-WC, 97545-WH, and 97546-WH).

Determination: UPHELD - the previously denied request for Work Conditioning, 20 sessions (97545-WC, 97546-WC, 97545-WH, and 97546-WH).

Rationale:

Patient's age: 48 years
Gender: Male
Date of Injury: ---
Mechanism of Injury: Slipped and as he attempted to grab onto his machine, injured his right shoulder.
Diagnoses: Right shoulder strain, traction injury of the right shoulder.

This patient is a heavy equipment operator, who while coming down from a machine, slipped and as he attempted to grab onto the machine, injured his right shoulder. According to an initial determination of non-certification by Bobby Enkvetchakul, M.D. on June 27, 2006, he determined that there was no medical necessity for Work Conditioning for the right shoulder. On a reconsideration dated July 07, 2006, Demetrie Golovko, M.D. also stated the patient had completed a course of physical therapy and Work Hardening was not necessary. The patient was seen by a designated doctor evaluation on July 24, 2006, by Suzanne Page, M.D. The patient had been treated with physical therapy and massage therapy and still had complaints of right shoulder pain rated 6/10, accompanied by numbness, pins and needles feeling, tingling, and weakness. The examinee indicated his pain was on and off in nature and sitting, standing, walking, sleeping, pushing, pulling, stooping, bending, reaching, and weather changes made his pain worse. The examinee indicated that exercise, physical therapy, hot packs, and massage made his pain better. On examination, the patient had normal appearing shoulders with normal upper extremity deep tendon reflexes. There was tenderness over the lateral glenohumeral joint, with crepitus on the right shoulder and normal left shoulder examination. The Neer impingement and the Hawkins test were positive on the right. Range of motion of the left shoulder was normal, but the range of motion was decreased in flexion of the right shoulder, with full effort and otherwise had full range of motion. Deltoid strength and bicep strength on the right were listed as 4/5. Her opinion was that the patient had not reached maximum medical improvement and needed a Work Hardening program for four to six weeks, followed by a return to work. The patient was seen two additional times by Dr. Dean McMillan. On August 17, 2006, the patient continued to have right shoulder pain rated 6/10, despite being on Ultram and Motrin 600 b.i.d. On examination, there was tenderness over the anterior and lateral aspect of the shoulder. Range of motion of was 170 degrees flexion and abduction with pain. An impingement sign was listed as positive and right shoulder strength was listed as 4/5. Functional deficits included lifting and overhead activities. The most recent examination on September 19, 2006, stated the patient continued to have right shoulder dysfunction. Tenderness was noted over the entire shoulder with 170 degrees flexion and 160 degrees abduction with pain. Pain and weakness were noted with manual muscle testing again. The patient was referred for orthopedic consultation and was pending an arthrogram scheduled for September 20, 2006. This patient also had a previous Functional Capacity Evaluation (FCE) done on June 22, 2006, when he was still symptomatic. Pain was rated at 4/10 with rest, and 6-7/10 with activity. The conclusion at that time, was that the patient had normal grip strength in the right, which was greater than his non-dominant left hand, but range of motion of the shoulder at that time was 83% of normal flexion, 72% of normal extension, 82% of normal external rotation, 65% of normal internal rotation, and 78% normal abduction. The criteria for Work Hardening/Work Conditioning would be for the development of strength and endurance of an individual in relation to a return to work goal. The patient should be relatively asymptomatic and be able to perform exercises specific for simulation of his work demand for up to four hours per day. It is not known if his heavy machinery operating position requires any overhead motion. This would be essential to know. A Job Demand Analysis needs to be done before consideration of a work conditioning program is initiated. The patient is far from being asymptomatic and the diagnosis has still not been established as to why he remains with moderate pain and decreased range of motion. Continued evaluation has been requested with an arthrogram and an orthopedic referral. The initial FCE examination done three months ago would not be useful as the patient was still quite symptomatic and remained symptomatic three months later.

Based upon this information, the patient does not meet the criteria necessary for either Work Hardening or Work Conditioning program. Therefore, the determination is to uphold the previous denied request for Work Conditioning, 20 sessions.

Criteria/Guidelines utilized: 1. ACOEM Guidelines, 2nd Edition, Chapter 1.
2. The American Physical Therapy Association Guidelines, regarding Work Conditioning and Work Hardening programs.

Physician Reviewers Specialty: Family Practice

Physician Reviewers Qualifications: Texas Licensed M.D. and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

Your Right to Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, requestor, claimant and the Division via facsimile or U.S.
Postal Service from the office of the IRO on this

day of September 26, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee ***Lee-Anne Strang***

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