Independent Resolutions Inc.

Notice of Independent Review Decision

Case Number: XX Date of Notice: 2/20/2019

Independent Resolutions Inc.

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IRO REVIEWER REPORT

Date: 2/20/2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX hours of work conditioning program

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Orthopaedic Surgery

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Overturned	Disagree
☐ Partially Overturned	Agree in part/Disagree in part
☒ Upheld	Agree

PATIENT CLINICAL HISTORY [SUMMARY]: XX. XX XX is a XX-year-old XX who was injured on XX where XX was XX on XX XX that was XX. XX XX and went XX. XX said XX did not XX XX the XX XX, but XX did get XX XX XX XX to XX XX XX. XX described it as a XX motion. XX performed a post designated doctor required medical examination (RME) on XX. XX opined that per scenario 1, just with the accepted injuries of sprain / strain of the XX, XX and the XX XX, XX. XX would agree with the designated doctor, that sprains / strains heal within XX to XX weeks even without treatment and that XX. XX would have been at maximum medical improvement (MMI) on XX and the impairment rating given was 0%. Per the scenario 2, considering the designated doctor's diagnosis of XX, expected MMI would be at least XX days from this date on or about XX. Per the scenario 3, XX would not be at MMI and again, it would be at least XX before XX would be at

MMI. Per the scenario 4, the XX and XX area findings were normal. All of the findings in these areas were pre-existing degenerative findings. Regarding the compensable injury of XX, this really could not be defined without an XX arthrogram. One radiologist had read this as acute XX and XX of the XX, and the other radiologist that said it could represent chronic XX and possibly not acute changes; however, again the gold standard for evaluation for that would have been the MRI arthrogram. The red flag was the area of XX on the MRI, and on physical exam, the XX cm of atrophy in the XX XX. XX. XX had not reached MMI. XX. XX was able to work with restrictions at the time, in the sedentary to light category, with no use of the XX XX extremity to above mid XX level. On XX, XX and XX, XX evaluated XX. XX for office visits. On XX, XX. XX was doing well after the XX repair. XX motion was improving. It was recommended that XX continue with XX XX therapy program. XX had 165 degrees forward elevation. External rotation was 60 and internal rotation was to XX. XX was advised to continue working on strengthening. XX was not ready to do any XX at work yet, but XX could to do light duty. On XX, XX. XX presented for XX complaints. XX was doing well after the XX XX repair. XX had regained XX range of motion. XX continued to need to work on XX strength. XX had a demanding job and could not XX. XX got fatigue when XX did anything out in the space and overhead. XX. XX had recommended XX XX of therapy. They had barely approved any physical therapy. XX. XX thought that was going to be key to XX long-term recovery. XX. XX kept XX on a 10-pound lifting limit and believed that if XX had more therapy prior to this, XX would be at higher XX limit so denying the therapy was delaying XX recovery back to XX regular job. On XX, XX had excellent range of motion, but XX continued to complain of weakness in XX XX. XX had to do a lot of heavy lifting at XX job. Since XX continued to have a problem with weakness, XX needed to go to a work hardening program to see what XX could reasonably do and try to get XX in a better condition to return to XX job. XX. XX kept XX on a lifting limit of XX pounds. Hopefully, XX XX would approve the work hardening program. From XX through XX, XX. XX underwent XX therapy for the diagnosis of incomplete XX XX tear or rupture of the XX XX, not specified as traumatic. Per a second opinion (re-read) dated XX, an MRI of the XX XX was performed on XX. XX commented that there was moderate XX XX most prominent along the undersurface at the critical zone where there was low-grade degenerative fraying of the tendon. No superimposed high-grade, partial, or full-thickness XX was noted. There was moderate degeneration of the XX tendon. There was moderate AC joint degeneration with XX XX change and reactive bone XX. There was XX of the undersurface of the XX process. There was XX without fluid in the XX XX. All of those findings represented degenerative changes related to chronic impingement. There was broad-based abnormal signal in the superior XX primarily anteriorly compatible with degeneration and possibly chronic tear. There was XX formation (XX formation) at the supra XX attachment of the XX tendon, indicating chronic degeneration. No XX XX fragment was visualized. There was no Hill-Sachs defect. The XX of the XX head appeared intact. No significant joint effusion was noted to suggest an acute traumatic process. There was no finding on the MRI of the XX to indicate a posttraumatic process related to the date of injury (DOI). An MRI of the XX XX dated XX was reviewed by XX. XX. The study revealed moderate-to-severe multilevel XX degeneration primarily at XX-XX and XX-XX and to a lesser extent at XX-XX. Congenitally small central XX in the XX XX was noted. More prominent XX degeneration was seen at XX-XX and XX-XX. There was XX at these levels, more prominent on the XX at XX-XX. There was no superimposed soft XX extrusion. XX XX complex caused mild XX compression at those levels. There was also severe XX XX narrowing due to XX spurring. Similar but less prominent findings at XX-XX where there was mild XX XX and moderate XX XX XX due to XX spurring and XX. The findings on the MRI were degenerative in nature. There was no MRI evidence of aggravation of pre-existing (degenerative) conditions. There was no finding on the MRI to suggest a post-traumatic process. An MRI of the XX XX dated XX was reviewed by XX. XX indicating mild XX XX of the upper XX XX. XX XX was noted throughout the XX XX. Bone XX signal was normal without fracture. There was a small XX-mm XX XX XX XX at XX-XX abutting the XX XX XX without compression. These protrusions were often seen with XX degeneration in the XX XX. There was no significant neural compression. No central or XX XX was seen in the XX XX. The findings were degenerative in nature. There was no finding on the MRI to suggest an acute posttraumatic process. On XX, XX. XX underwent a functional capacity evaluation (FCE) at Apex Sports Medicine & Rehabilitation. XX was diagnosed with XX XX XX tear, which was a result of the XX and XX, XX with XX XX XX. XX. XX complained of weakness and irritation in the XX XX. XX felt better stretching. XX felt worse in the evening, lying down, light XX and driving for extended periods and

rising. The pain was rated as 2/10 at the time. Post FCE pain was 6/10. This report seemed to be incomplete. The treatment to date consisted of medications, surgical intervention, and XX therapy. Per a utilization review determination letter dated XX, XX non-certified the request for XX hours of work conditioning program. 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. A comprehensive evaluation determining the XX, XX, and XX factors to determine successful participation to goals for return-to-work and note for a contraindication to this type of program was not submitted in the records. A more thorough and recent assessment was not addressed to fully validate the patient's current status. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes. Clear exceptional factors could not be identified. There were no additional medicals noting significant objective changes in the medical records submitted to overturn the previous denial of the request." XX. XX also reviewed utilization review determination by XX dated XX. It was documented that "There was a previous adverse determination dated XX whereby the request for XX hours of work conditioning program was not certified. The reviewer noted that a comprehensive evaluation determining the motivational, XX, and XX factors to determine successful participation to goals for return-to-work and note for a contraindication to this type of program was not submitted in the records." Per another utilization review determination letter dated XX, XX. XX non-certified the request for XX hours of work condition program between XX and XX. 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. A comprehensive evaluation determining the motivational, XX, and XX factors to determine successful participation to goals for return-to-work and note for a contraindication to this type of program was not submitted in the records. A more thorough and recent assessment was not addressed to fully validate the patient's current status. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes. Clear exceptional factors could not be identified. 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:

Based on the clinical information provided, the request for XX hours of work conditioning program is not recommended as medically necessary, and the previous denials are upheld. Per a utilization review determination letter dated XX, XX non-certified the request for XX hours of work conditioning program. 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. A comprehensive evaluation determining the motivational, XX, and XX factors to determine successful participation to goals for return-to-work and note for a contraindication to this type of program was not submitted in the records. A more thorough and recent assessment was not addressed to fully validate the patient's current status. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes. Clear exceptional factors could not be identified. There were no additional medicals noting significant objective changes in the medical records submitted to overturn the previous denial of the request." XX. XX also reviewed utilization review determination by XX dated XX. It was documented that "There was a previous adverse determination dated XX whereby the request for XX hours of work conditioning program was not certified. The reviewer noted that a comprehensive evaluation determining the motivational, XX, and XX factors to determine successful participation to goals for return-to-work and note for a contraindication to this type of program was not submitted in the records." Per another utilization review determination letter dated XX, XX. XX non-certified the request for XX hours of work condition program between XX and XX. 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. A comprehensive evaluation determining the motivational, XX, and XX factors to determine successful

participation to goals for return-to-work and note for a contraindication to this type of program was not submitted in the records. A more thorough and recent assessment was not addressed to fully validate the patient's current status. Clarification is needed regarding the request and how it might affect the patient's clinical outcomes. Clear exceptional factors could not be identified. There were no additional medicals noting significant objective changes in the medical records submitted to overturn the previous denial of the request." There is insufficient information to support a change in determination, and the previous non-certifications are upheld. There is no job description submitted for review. The submitted functional capacity evaluation fails to document the patient's current versus required physical demand level.

Therefore, medical necessity is not established in accordance with current evidence based guidelines and the decision is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES