

Notice of Independent Review Decision

DATE OF REVIEW: 2/22/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 20 days (sessions)

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from the University of Oklahoma Medical School in 1975. His board certification is in Family Medicine. He has licenses in Oklahoma and Texas and has worked in private practice for over 20 years.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

Chronic Pain Management Program x 20 days (sessions) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 1/31/2008
 2. Review organization dated 1/31/2008
 3. Independent review organization dated 1/30/2008
 4. Preauthorization report dated 1/15/2008
 5. Clinical note dated 1/15/2008
 6. Chronic pain management dated 1/15/2008
 7. Preauthorization report dated 1/28/2008
 8. Clinical note dated 1/28/2008
 9. Chronic pain management dated 1/28/2008
 10. Case assignment dated 2/1/2008
 11. Notice of assignment, dated 2/1/2008
 12. Clinical note dated 2/1/2008
 13. Notice of disputed issue dated 2/7/2008
 14. History and physical by DO, dated 1/2/2008
 15. Status report dated 8/15/2007
 16. Clinical note by MD, dated 1/28/2008
 17. Operative report by MD, dated 8/7/2007
 18. Follow up note by DO, dated 10/17/2007
 19. Clinical note by MD, dated 10/31/2007
 20. Follow up note by DO, dated 10/6/2007 and 10/17/2007
 21. Status report dated 10/6/2007
 22. Individual psychotherapy note by LPC, dated 2/7/2007 and 9/19/2007
 23. Operative report by MD, dated 8/7/2007
 24. Clinical note by MD, dated 8/6/2007
 25. Follow up note by DO, dated 9/8/2007
 26. Psychotherapy note by LPC, dated 8/17/2007
 27. Follow up note by DO, dated 8/15/2007
 28. Clinical note by MD, dated 7/18/2007
 29. Clinical note by MD, dated 9/5/2007
 30. Clinical note by MD, dated 2/7/2008
 31. Clinical note by PhD, dated 2/7/2008
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32. Clinical note by MD, dated 8/24/2007
33. Clinical note by MD, dated 8/6/2007
34. Medicine consultation by dated 6/19/2007
35. Addendum note by, dated 6/19/2007
36. Clinical note by MD, dated 7/18/2007
37. Clinical note by MD, dated 7/18/2007
38. MRI of the right shoulder by MD, dated 5/3/207
39. Clinical note by MD, dated 5/30/2007
40. Preauthorization request dated 6/28/2007
41. Patient information sheet dated 2/7/2008
42. Clinical note dated 6/13/2007
43. Initial behavioural medicine consultation by., dated 6/19/2007
44. History and physical by DO, dated 6/13/2007
45. Clinical note dated 2/21/2007
46. Status report dated 2/21/2007
47. Follow up exam dated 2/21/2007
48. Range of motion dated 2/21/2007
49. Pre-authorization request dated 7/5/2007
50. Physical therapy evaluation by PT, dated 2/7/2007
51. Employee's request dated 6/12/2007
52. Clinical note dated 2/7/2008
53. Clinical note by MD, dated 7/18/2007
54. Clinical note by MD, dated 7/18/2007
55. Clinical note by DO, dated 7/10/2007
56. History and physical by DO, dated 6/13/2007
57. MRI of the right shoulder by MD, dated 5/3/2007
58. Therapy notes dated 2/14/2007 to 3/16/2007, multiple dates
59. Physical therapy evaluation by PT, dated 2/7/2008
60. Therapy notes dated 02/13/2007
61. Radiology report by DC dated 2/07/2007
62. Plan & Goals of treatment by MS dated 01/10/2008
63. Interdisciplinary pain treatment components dated 02/07/2008
64. CPMP day treatment design note dated 02/07/2008
65. Chronic pain management program design note dated 2/07/2008
66. History and physical by DO dated 1/02/2008
67. Clinical note by PT dated 12/27/2007
68. Functional capacity evaluation by PT dated 12/27/2007
69. FCB comparison report by PT dated 12/04/2007 and 12/27/2007
70. Pain report by PT dated 12/27/2007
71. Strength deficit report by PT dated 12/27/2007
72. Strength data report by PT dated 12/27/2007
73. Strength validity report by PT dated 12/27/2007
74. Strength comparison report by PT dated 12/27/2007
75. Goniometry report by PT dated 12/04/2007 and 12/27/2007
76. Maximum grip strength note by PT dated 12/27/2007
77. 5 position orip test by PT dated 12/27/2007
78. Kby pinch note by PT dated 12/27/2007
79. Tip pinch note dated 12/27/2007
80. Palmar pinch note by PT dated 12/27/2007
81. Supportive documentation reports dated 12/27/2007
82. Detailed narrative report by PT dated 12/27/2007
83. Follow up note by DO dated 10/06/2007
84. Daily progress note dated 10/03/2007
85. Physical therapy evaluation note dated 08/17/2007
86. Exercise flow sheet dated 08/16/2007
87. Progress note dated 08/17/2007
88. Clinical note dated 02/07/2008
89. Beliefs questionnaire dated 02/07/2008
90. Admissions note dated 08/17/2007
91. Initial behavioral medicine consultation note dated 06/19/2007
92. Clinical note dated 01/21/2008
93. Pre authorization request dated 01/18/2008
94. Patient face sheet dated 08/21/2007

95. Clinical note dated 12/19/2007
96. Clinical note by MS dated 01/18/2008
97. Plan & Goals of treatment by MS dated 01/10/2008
98. Interdisciplinary pain treatment dated 02/07/2008
99. Pain management program design note dated 02/07/2008
100. CPMP day treatment design note dated 02/07/2008
101. Follow up note by DO dated 12/19/2007
102. Daily note by PTA dated 12/27/2007
103. Group note dated 12/27/2007
104. Daily flow sheet dated 12/24/2007 to 12/28/2007
105. Daily note by PTA dated 12/20/2007 to 01/08/2008 multiple dates
106. Review organization by, dated 2/1/2008
107. Clinical note by MD, dated 8/8/2007 to 1/16/2008 multiple dates
108. Clinical note by MD, dated 8/8/2007
109. Status report dated 8/7/2007
110. Clinical note by MD, dated 7/18/2007 and 8/6/2007
111. Clinical note by MD, dated 7/18/2007
112. Physical therapy daily progress dated 10/3/2007
113. Prescription note dated 8/7/2007
114. Operative report by MD, dated 8/7/2007
115. Graphic note dated 8/6/2007
116. Clinical note dated 2/13/2008
117. Clinical note by, dated 2/13/2008
118. Review organization by, dated 2/1/2008
119. Clinical note dated 1/30/2008
120. Independent review organization dated 1/30/2008
121. Clinical note dated 7/18/2007
122. Preauthorization request dated 1/10/2008
123. Clinical note dated 1/10/2008
124. Clinical note dated 1/15/2008
125. Clinical note dated 1/21/2008
126. Program pre authorization request dated 1/18/2008
127. Clinical note by, dated 1/18/2008
128. Goals of treatment by, dated 1/10/2008
129. Interdisciplinary pain treatment dated date known
130. Program design dated date known
131. Treatment design dated date known
132. Clinical note by MD, dated 1/28/2008
133. Preauthorization report dated 1/28/2008
134. Clinical note dated 7/5/2007
135. Clinical note by MD, dated 1/28/2008
136. Patient face sheet dated 8/21/2007
137. Clinical note dated 12/19/2007
138. History and physical by, dated 1/2/2007
139. Clinical note by, dated 1/14/2008
140. Functional capacity evaluation dated 1/14/2008
141. Clinical note by dated 1/14/2008
142. Pain report by dated 1/14/2008
143. Clinical note by dated 1/14/2008
144. Static strength data report by dated 1/14/2008
145. Validity report by dated 1/14/2008
146. Comparison report by dated 1/14/2008
147. Goniometry report by, dated 1/14/2008
148. Clinical note by, dated 1/14/2008
149. Position grip test by, dated 1/14/2008
150. Clinical note by dated 1/14/2008
151. Narrative report dated 1/14/2008
152. Clinical note by dated 6/19/2007
153. Clinical note by, dated 5/3/2007
154. Radiology report by, dated 2/7/2007
155. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The employee is a xx year old female who sustained an injury while at work on xx/xx/xx. She was in a classroom where she tripped over a bean bag chair and fell against a cabinet. Following the incident she complained of right arm and shoulder pain. MRI on 5/3/2007 showed a full thickness tear involving the periphery of the supraspinatus tendon. There was also an abnormal signal seen within the superior medical margin of the humeral head. It was noted that the injured worker has undergone individual psychotherapy as well as extensive physical therapy. At this time, the request for 20 sessions of a chronic pain management program is under review for medical necessity.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This employee is a xx year-old female with a date of injury of xx/xx/xx and a diagnosis of rotator cuff tear. This chart consists of numerous medical progress notes (both from orthopedic consultants, primary care physicians, and PM&R physicians), PT notes, an MRI report, operative reports, individual psychotherapy notes, Work Hardening notes, an FCE dated 12/27/2007, an FCE dated 1/14/2008, numerous clinical summaries, and a summary of the CPMP assessment and goals and objectives. This is a complex case involving a worker who cannot return to her former employment, but who could return to employment. She has responded to various modalities of treatment and has a current medium PDL.

An adequate and thorough evaluation has been made including the most recent FCE on 1/14/2008. This chart documents numerous previous efforts which have been made to treat this injured worker without satisfactory success. She has had loss of functional ability and there is no clear indication that she is a surgical candidate. This employee's compliance with previous treatments indicates a motivation to change. However, the request for 20 CPMP sessions is excessive. The request exceeds the recommendations of the Official Disability Guidelines for this employee's condition. At this time, 20 sessions of a Chronic Pain Management Program is deemed not medically necessary. The previous denial is upheld.

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

ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
INTERQUAL CRITERIA
MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
MILLIMAN CARE GUIDELINES
X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)