



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 01/13/08

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Chronic pain management for twenty (20) sessions

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

Board Certified in Physical Medicine & Rehabilitation

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Documentation from Medical Clinics dated 02/23/06 thru 01/31/07.
2. Right elbow x-ray report dated 05/15/06.
3. MRI of the right shoulder report dated 05/25/06.
4. Right shoulder x-ray report dated 08/01/06.
5. Documentation from Dr. dated 09/06/06.
6. Functional Capacity Evaluation reports dated 09/06/06, 11/21/06, 11/22/06, 12/04/06, 08/15/07, 10/15/07.
7. Documentation from Clinic dated 09/06/06 thru 12/27/07.
8. Documentation from Dr. dated 02/21/07.
9. Documentation from Dr. dated 03/01/07 thru 10/05/07.
10. Documentation from Dr. dated 04/03/07 thru 10/01/07.
11. Documentation from dated 09/04/07 thru 11/15/07.
12. Electrodiagnostic assessment dated 09/18/07.
13. ***Official Disability Guidelines.***

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The records document the employee developed difficulty with right shoulder pain while employed at xxxxxxxx.

The employee was evaluated at the Medical Clinics on xx/xx/xx. It was documented that right shoulder x-rays revealed some degenerative changes. The study did not reveal any findings worrisome for an acute pathological process.

On 04/11/06, the employee was reevaluated at the Medical Clinics. It was recommended that consideration be given for treatment in the form of physical therapy. It was also recommended that the employee receive access to treatment in the form of a rheumatologist for an evaluation.

A reevaluation occurred at the Medical Clinics on 05/11/06. It was felt that the employee's pain symptoms were primarily related to a medical condition of rheumatoid arthritis.

X-rays of the right elbow accomplished on 05/11/06 revealed findings consistent with mild degenerative joint disease in the right elbow.

A reevaluation at the Medical Clinics on 05/18/06 indicated that the employee appeared to be with symptoms of right shoulder pain. It was recommended that a right shoulder MRI be obtained.

A right shoulder MRI was accomplished on 05/25/06. This study revealed findings consistent with a Stage III impingement syndrome and a small full thickness rotator cuff tear.

On 07/28/06, the employee was evaluated by Dr.. It was recommended that the employee receive an evaluation with an orthopedic surgeon.

On 08/01/06, the employee was reevaluated at the Medical Clinics. It was recommended that the employee receive treatment in the form of physical therapy. The employee receive an injection of Marcaine and Kenalog to the right shoulder.

X-rays of the right shoulder accomplished on 08/01/06 revealed findings consistent with minimal calcification in a supraspinatus tendon.

On 09/06/06, the employee was evaluated by Dr.. It was documented that the employee was with a past medical history notable for rheumatoid arthritis. A Functional Capacity Evaluation (FCE) was accomplished on 09/06/06 at the

request of Dr.. This study revealed that the employee displayed findings worrisome for inappropriate behavior, and the test was found to be invalid.

The employee was evaluated at the Clinic on 09/06/06. It was recommended that the employee receive treatment in the form of chiropractic care.

The employee received subsequent evaluations and chiropractic treatment at the Clinic on 11/14/06, 01/31/07, 03/01/07, 04/05/07, 07/26/07, 09/25/07, 10/10/07, 11/29/07, and 12/27/07.

An FCE was accomplished on 11/21/06. This study revealed that the claimant appeared capable of sedentary work activities.

The employee was reevaluated at the Medical Clinics on 11/28/06. The employee received an injection of Marcaine and Kenalog to the right bicipital tendon.

On 01/31/07, the employee was evaluated at the Medical Clinics. The employee received an injection of Marcaine and Kenalog into the right bicipital tendon.

A Designated Doctor Evaluation was conducted by Dr. on 02/21/07. The employee was not placed at a level of Maximum Medical Improvement (MMI).

A physician evaluation with Dr. was obtained on 03/01/07. The employee was provided prescriptions for Vicodin, ibuprofen, Ambien CR, and Norflex.

Dr. reevaluated the employee on 03/15/07 and was again provided prescriptions for Vicodin, ibuprofen, Ambien CR, and Norflex.

Dr. evaluated the employee on 04/03/07. It was recommended that the employee undergo surgical intervention to the right shoulder, as it did not appear the employee had responded favorably to treatment in the form of conservative care to the right shoulder.

Dr. evaluated the employee on 04/12/07 and was again provided prescriptions for Vicodin, ibuprofen, Ambien CR, and Norflex.

Dr. evaluated the employee on 04/26/07. It was recommended that the employee continue the above noted prescription medication regimen for management of subjective pain complaints.

On 04/27/07, the employee underwent surgical intervention to the right shoulder by Dr.. Surgery consisted of a rotator cuff repair and a subacromial decompression. There were no documented postoperative complications.

Dr. evaluated the employee on 05/17/07 and was provided prescriptions for Vicodin, ibuprofen, Ambien CR, and Norflex.

Dr. evaluated the employee on 06/28/07 and was provided prescriptions for Lyrica and Celebrex.

On 07/12/07, Dr. evaluated the employee and was provided a prescription for Lyrica, Celebrex, Vicodin, and Ambien.

Dr. evaluated the employee on 08/10/07 and was a prescription for Lyrica, Celebrex, Vicodin, and Ambien CR.

On 08/13/07, Dr. evaluated the employee and recommended the employee participate in physical therapy.

An FCE was accomplished at on 08/15/07. It was documented that the employee appeared capable of light medium work activities.

The medical records indicate the claimant received at least three weeks of treatment in a work conditioning program from 08/24/07 to 10/22/07. It was indicated the employee was compliant with treatment in the program. With three weeks of treatment in a work conditioning program, it appeared work capabilities improved from a light medium activity level to a medium activity level.

An electrodiagnostic assessment of the upper extremities was obtained on 09/18/07. This study disclosed findings consistent with bilateral carpal tunnel syndrome, moderate in nature.

The employee was evaluated by Dr. on 09/21/07 and was provided prescriptions for Ultram, Lyrica, Celebrex, Ambien CR, and Skelaxin.

Dr. evaluated the employee on 10/01/07. It was documented that x-rays of the right shoulder were accomplished, and these studies revealed findings consistent with "well seeded suture anchor in the proximal humerus".

An FCE was obtained on 10/05/07. This study revealed that the employee was capable of medium work activities.

Dr. evaluated the employee on 10/05/07, and it was documented that oral medications were well-tolerated. It was also noted that "her pain is manageable with her oral medications".

A mental health and pain evaluation was conducted at on 10/12/07. It was recommended that consideration be given for treatment in the form of a comprehensive pain management program.

A letter from dated 11/15/07 indicated that the employee did appear to be an appropriate candidate for participation in a pain management program.

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

The available records document that the employee sustained an injury to the right shoulder in the workplace. Surgery was performed to the right shoulder on 04/27/07.

While under the care of Dr., the employee's pain symptoms were reportedly manageable with utilization of oral medications.

An FCE was accomplished prior to commencement in a work conditioning program, and at that time, the FCE accomplished on 08/15/07 revealed that the employee appeared capable of light medium work activities. The employee received access to treatment in the form of a work conditioning program. On 10/05/07, work capabilities were improved to a medium level.

Based upon the available medical records, there would not be a medical necessity for a comprehensive pain management program in this particular case. The records indicate that the employee's pain symptoms were adequately managed by utilization of prescription medications. Additionally, there was concern with respect to motivation, given the fact that an

FCE requested by Dr. performed on 09/06/06 revealed a suboptimal effort to have been put forth by the employee.

***Official Disability Guidelines*** do not support a medical necessity for participation in a comprehensive pain management program if there is concern with respect to motivational issues. Additionally, the records do not document that there has been a significant loss of ability to function independently, given the fact that there is documentation to indicate that the employee should be capable of at least medium work activities.

Based upon the medical records available for review, there would not be a medical necessity for participation in a comprehensive pain management program. The medical records do not provide sufficient data to support a medical necessity for participation in a comprehensive pain management program per ***Official Disability Guidelines***. It was documented that the claimant's pain symptoms presently appear to be adequately managed with the use of oral medications. Additionally, there was documentation to indicate that an FCE accomplished on 09/06/06 revealed a submaximal effort was put forth by the employee, and also, the records do not adequately describe that there is a significant loss of ability to function independently.

Therefore, the available medical records would be supported by ***Official Disability Guidelines***, and there would not be a medical necessity for participation in a comprehensive pain management program.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**