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Notice of Independent Review Decision

DATE OF REVIEW: 11/10/08 (AMENDED 11/25/08)

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten additional visits of the PRIDE program

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

REVIEW OUTCOME

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

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Ten additional visits of the PRIDE program - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PLN-11 forms dated 04/18/08 and 09/26/08
An evaluation with M.D. dated 05/28/08
A mental health evaluation with , L.P.C. dated 08/05/08
Evaluations with M.D. dated 08/05/08, 08/06/08, and 09/09/08
A physical therapy evaluation with P.T. dated 08/05/08
An injection procedure note from Dr. dated 08/06/08
A Quantitative Functional Capacity Evaluation (QFCE) with P.T. and O.T.R. dated 08/06/08
A DWC-73 form from Dr. dated 08/06/08
An extended telephone conference with M.S., L.P.C. dated 08/19/08
An evaluation with P.T. dated 08/21/08
A functional training progress note from O.T.R. dated 08/21/08
Progressive muscle relaxation notes from Ms. dated 08/21/08 and 08/22/08
Stretching progress notes from Ms. dated 08/21/08 and 08/22/08
A patient handbook information verification form dated 08/21/08
Weekly patient schedules dated 08/21/08, 08/22/08, 09/03/08, 09/04/08, 09/08/08, 09/09/08, 09/10/08, and 09/16/08
Physical and occupational therapy with Mr. dated 08/21/08 and 08/22/08
Medical daily supervision notes from Dr. dated 08/21/08, 08/22/08, 09/03/08, 09/04/08, 09/08/08, 09/09/08, 09/10/08, and 09/16/08
Evaluations with M.D. dated 08/25/08 and 09/03/08
A Designated Doctor Evaluation with M.D. dated 08/26/08
A DWC-73 form from Dr. dated 08/26/08
A letter from Dr. dated 08/28/08
Chronic pain physical progress notes from Ms. dated 09/03/08 and 09/16/08
Occupational and physical therapy notes from Ms. dated 09/03/08, 09/04/08, 09/08/08, 09/09/08, and 09/16/08
Chronic pain functional activity progress notes from Ms. dated 09/03/08, 09/04/08, 09/08/08, 09/09/08, and 09/16/08
Physical and occupational therapy with Ms. dated 09/08/08, 09/09/08, 09/10/08, and 09/16/08
A concurrent review progress documentation from an unknown provider (no name or signature was available) dated 09/10/08
A concurrent review from Dr. dated 09/11/08
Letters of adverse determination, according to an unknown source, from L.V.N. at IMO, Inc., dated 09/15/08 and 10/02/08
A reconsideration letter from Dr. dated 09/18/08
A reconsideration facsimile from Dr. dated 09/25/08
Letters from Dr. dated 10/08/08 and 10/09/08
An IRO request letter dated 10/27/08
Video surveillance of the patient was provided for review
The ODG Guidelines were provided by the carrier

PATIENT CLINICAL HISTORY

This claimant was allegedly injured on xx/xx/xx while demonstrating shot-put technique for students at the school where she works. She strained her right shoulder and neck.

An Independent Medical Examination was performed by Dr. on xx/xx/xx at which time the claimant complained not only of right shoulder, neck, and upper back pain but also left shoulder pain, low back pain, chest pain, and pain in the entire dorsal spine. Dr. noted the claimant had an MRI scan of the cervical spine on 04/25/08, which was normal. Dr. also noted that a right shoulder MRI scan had been performed, demonstrating impingement on the rotator cuff due to a bone spur at the inferior aspect of the right acromioclavicular joint and tendinopathy or partial rotator cuff tear at the supraspinatus tendon. Dr. noted the claimant was still receiving physical therapy but had never been seen by an orthopedist or spine specialist for her complaints of shoulder and neck pain. Physical examination documented fairly full range of motion of the neck but extreme hypersensitivity to even the "slightest touch" of the neck, upper back, or shoulders. Dr. also noted that pressure on the head caused trapezius, neck, and bilateral shoulder pain. Right shoulder exam demonstrated full range of motion with nonspecific tenderness throughout the shoulder. Dr. stated the claimant needed to be evaluated by specialists for her cervical and thoracic spine and right shoulder pain.

On 08/05/08 the claimant was evaluated by L.P.C. for a "mental health evaluation" prior to entrance to the PRIDE program. In that evaluation Ms. recommended admission to the program which employed her. On that same date the claimant was evaluated by Dr. who ran the PRIDE program. Dr. noted that he was now the treating doctor for this claimant.

He reviewed the cervical MRI scan and noted no significant abnormalities. He stated the claimant had "twelve weeks of three times a week physical therapy," and was currently using Lidoderm patches and Restoril. He noted the claimant had previously tried Talwin, hydrocodone, naproxen, Zanaflex, and Skelaxin, which did not give her relief. The claimant complained of a pain level of 7/10, made better by "nothing." Physical examination documented rigidity of the neck, limited motion bilaterally of the upper extremities, tenderness in the left shoulder over the acromioclavicular joint, tip of the acromion and supraspinatus tendon, and nonspecific global tenderness in the upper thoracic region from T3 to T8 and paravertebrally out from the medial scapula. Dr. recommended that the claimant attend the PRIDE program that he ran, stating the claimant had a "very bad experience with rehabilitation" as defined by her prior treating doctor. He also indicated the claimant was "unsure about her interest and willingness to do more."

On 08/06/08 Dr. performed a right shoulder subacromial steroid injection. On that same date the claimant underwent a Functional Capacity Evaluation. In that evaluation the claimant noted a pain level of 8/10. Consistency of effort was termed "unreliable" with the claimant "ending tests before presence of biomechanical breakdown," "inhibition, inability to complete most functional tests," and "no competitive behavior." Target heart rate was not reached at any time during the evaluation.

The claimant then began the chronic pain management program at PRIDE on 08/21/08, completing initial sessions by 09/16/08.

A Designated Doctor Evaluation was then performed on 08/26/08 by Dr. Dr. noted the claimant had injured her shoulder when she accidentally turned it too far posteriorly while demonstrating shot-put. Dr. noted the claimant had undergone only one week of physical therapy and one week of work hardening in contradiction of what Dr. had previously documented. She also documented the claimant's statement that the shoulder injection did not help her, and, in fact, made her worse. The claimant complained of lumbar pain, midback pain, upper back pain, left and right shoulder pain, left hand pain, right wrist, and right hand pain. She also complained of numbness in the fingers and paresthesias in both shoulders, tingling in the fingers and TOES, weakness in the neck and shoulders, and hypersensitivity of the neck and shoulders. Pain level was 6/10 with an average pain level of 6/10 to 8/10. On physical examination the claimant was in "no apparent distress." She was able to write and hold items without difficulty using the right arm, and was able to grasp with the right arm without any difficulty. She was "overly tender" at C1 through C7 bilaterally, but there were no paravertebral spasms. Lumbar, cervical, and thoracic ranges of motion were said to be done with "submaximal effort." Sensory and reflex examination was entirely normal. Ranges of motion of the left and right shoulder were also said to be accompanied by "submaximal effort." Grip strength also was said to be accompanied by "poor effort." Muscle testing documented symmetric strength in the left and right neck, deltoids, biceps and triceps, minimally decreased but symmetric. All of the other muscle testing of the upper extremities was entirely normal. Dr. stated the claimant had not reached MMI. She also discussed the claimant's complaints of multiple secondary injuries including chest wall pain, breast pain, left shoulder, neck and thoracic pain, lumbar pain, and "knots in her chest/breasts" that have required subsequent evaluation and diagnostic testing including mammograms. Dr. also noted the claimant was very quick to point out "that she has hired an attorney and is not happy about the fact that we have been watching her." Dr. further again pointed out the submaximal effort and discrepancies in the claimant's examination when distracted and when tested. She specifically pointed out discrepancies between the claimant's alleged inability to extend her right shoulder with exam but able to extend it fully to point to areas in her back and spine that were painful. She also pointed to the discrepancy between the claimant's alleged inability to abduct the right shoulder but ability to reach across the exam table to pick up letters and documents without any difficulty. Finally, she pointed out the discrepancy between the claimant's alleged inability to rotate her head more than 20 degrees to 30 degrees but ability to turn her head when not observed to comment on her exam while the doctor stood behind her with almost 70 degrees of rotation. Dr. recommended continuation of "intense physical therapy" and release back to work with restrictions.

On 09/09/08 Dr. noted that the claimant was "still quite inhibited." Despite Dr. documentation of the claimant's statement that the injection had made her shoulder worse, Dr. stated that the claimant found the shoulder injection "helpful."

He also recommended the claimant undergo cervical facet injections bilaterally. An additional ten sessions of the chronic pain management program was then requested on 09/11/08. Two separate physician advisers subsequently reviewed that request, both recommending nonauthorization. Dr. criticized both of these recommendations. He specifically criticized the fact that both of the recommendations for nonauthorization had relied upon a surveillance video, which he had not seen. He indicated he would be very interested in seeing that and indicated that it should have been given to him. However, he did not document whether he had even requested the ability to view the surveillance video. In that video, the claimant was seen to have full range of motion of her shoulders and neck and no significant limitations in range of motion of the neck, rotation of the neck, or significant functional deficits.

On 10/08/08 Dr. wrote a letter to the claimant recommending that she consider an IRO review.

On 05/28/08, Dr. felt the claimant's cervical strain, thoracic strain, and possible right shoulder rotator cuff tear were related to the original injury and recommended an evaluation with a specialist. On 08/05/08, Ms. recommended a chronic pain management program. On 08/06/08, Dr. performed a right shoulder subacromial injection. On 08/25/08, Dr. prescribed Abilify, Talwin NX, Klonopin, and Voltaren Gel. On 08/26/08, Dr. felt the claimant was not at Maximum Medical Improvement (MMI). Chronic pain physical progress notes were provided by Ms. on 09/03/08 and 09/16/08. Chronic pain functional activity reports were provided by Ms. from 09/03/08 through 09/16/08 for five reports. On 09/09/08, Dr. recommended cervical facet injections and provided a Decadron injection. On 09/11/08, Dr. requested 10 more sessions of the pain management program. On 09/15/08 and 10/02/08, Ms. wrote letters of non-authorization for further pain management. On 09/18/08 and 09/25/08, Dr. wrote letters of reconsideration request for further pain management.

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

In my opinion, this claimant was never an appropriate candidate to even begin the PRIDE program. She had clearly not exhausted all appropriate medical evaluation or treatment and had never seen an orthopedic specialist for evaluation of her right shoulder and determination of what treatment, if any, should be provided until she saw Dr. who immediately admitted her to his chronic pain management program. This is not an appropriate treatment paradigm. Furthermore, in the midst of the chronic pain management program, the claimant received a shoulder injection and was started on psychotropic medications, clearly proving that she had not, in fact, exhausted medical treatment options prior to admission to the PRIDE program. Tertiary care such as the PRIDE program is not medically reasonable or necessary unless all appropriate medical treatment and evaluations have been exhausted. In this case, that was clearly not the case. This claimant never demonstrated any valid

evidence of right shoulder dysfunction or functional limitation, as evidenced by the Designated Doctor Evaluation by Dr. and the physical examination evidence she documented. Finally, Dr. 's letter to the claimant recommending that she consider an IRO evaluation in which he states that blocking of this treatment will "simply delay recovery," is also entirely unsupported by virtue of the surveillance video viewed by the two separate preauthorization physicians, both of whom came to the same conclusion that the claimant did not have significant functional deficit and, therefore, did not require an additional ten sessions of a chronic pain management program. Whether Dr. has seen this video or not in no way changes the validity of two separate physicians independently viewing a surveillance video and coming to the same conclusions. Therefore, based upon the entirety of all the records provided for my review, there is no medical reason or necessity for an additional ten sessions of the chronic pain management program as related to the original injury. The recommendations for nonauthorization of this request are, therefore, 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 AND KNOWLEDGE BASE
- 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
- 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)