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Notice of Independent Review Decision

DATE OF REVIEW: 11/24/08

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Chronic pain management program x 10

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

Texas Licensed Clinical Psychologist
Member American Academy of Pain Management

REVIEW OUTCOME

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

Overtured

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. TWCC dated 01/25/06
2. Health dated 02/22/06 thru 10/27/08
3. Hospital System dated 06/24/06, 07/24/06
4. Texas Department of Insurance, Division of Workers' Compensation dated 09/20/06
5. D.O., dated 12/05/06 thru 06/25/08
6. Diagnostic Imaging dated 02/06/07 thru 02/09/07
7. Evaluation Center dated 01/04/08
8. Functional Capacity Evaluations dated 01/04/08, 01/15/08, 06/24/08, 10/02/08
9. Imaging dated 02/29/08
10. Range of motion dated 03/11/08 thru 04/08/08
11. IRO dated 03/17/08
12. D.O., dated 05/30/08
13. Impairment/MMI dated 07/07/08
14. IRO dated 08/21/08
15. dated 10/08/08 thru 10/28/08
16. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who sustained a compensable, work related injury on XX/XX/XX. The employee was performing her usual job duties when records indicate she injured her right upper extremity (shoulder, elbow, and wrist). Reports indicate employee was in the process of moving a heavy table when she lost her grip and the table fell, causing her right arm to be pulled downward in a jerking manner.

The employee reported experiencing immediate pain and was taken to the emergency room, where she was assessed with tennis elbow, given medication, and released.

The employee attempted to return to work for about one week with restrictions, but experienced increased symptoms and pain, and was unable to continue. She has been off work since that time to the present.

Over the course of her treatment, the employee has received x-rays, MRIs, chiropractic treatment, orthopedic consultation, psychological evaluations, six individual therapy sessions, twenty days of a chronic pain management program, and medications management. She has been denied further diagnostics, surgery, work hardening, physical therapy, and electrical stimulation.

An initial medical note of 02/22/06 showed medial and lateral ligament stability test produced pain and Mills test produced local pain. Supinate's test, Apley's Scratch test, Yergason's test, Phalen's, Finkelstein's, and Dugas tests were all positive. The employee was diagnosed with strain/sprain to the right elbow, shoulder, and wrist, and MRIs were ordered and therapy recommended.

A Benefits Review Conference on 07/26/06 found that employee had sustained a compensable injury on XX/XX/XX, and the employee had disability from XX/XX/XX through the date of the hearing.

On 02/05/07, an MRI of the right elbow showed mild distal triceps tendinosis, and an MRI of the right shoulder showed rotator cuff tendinosis.

An MRI of 02/06/07 of the right wrist revealed small distal radial ulnar joint effusion and mild intermediate signal intensity in the peripheral TFCC.

On 01/15/08, the employee was evaluated for ten sessions, and these were approved. Over the course of the six sessions, the employee made good progress toward goals, including reductions in depression anxiety scores, per Beck Depression Inventory and Beck Anxiety Inventory. During this time, work hardening was requested twice and denied, eventually being denied in IRO.

An MRI of the right shoulder accomplished on 02/29/08 showed increased signal superior labrum, concerning for superior labral tear, and recommended MR arthrogram. It also noted adjacent superior glenoid irregularity suggesting a remote rim fracture near the 11:00 position and low signal intensity structure within the inferior aspect of the glenohumeral joint possibly redundant capsular tissue/inferior glenohumeral ligament

tissue, and again recommended MR arthrogram to characterize this further. MR arthrogram was not denied.

In June of 2008, a request was made for a chronic pain management program, denied, and was overturned in IRO.

A Maximum Medical Improvement/impairment rating examination conducted on 07/07/08 showed mild range of motion restrictions to the employee's right elbow and moderate restrictions to the right shoulder. Sensory examination showed decreased response to light touch and vibration into the lateral aspect of the forearm and decreased sensation to light touch over the tuft of the ring finger and small finger of the right hand. Orthopedic examination revealed a series of tests which again were positive. The employee was also noted to have mild to moderate muscle spasms in the right shoulder as well as generalized tenderness over the right shoulder into the upper trapezius, anterior lateral, and posterior deltoid. The clinical impression was adhesive capsulitis of the right shoulder, rotator cuff syndrome of the right shoulder, lateral epicondylitis of the right elbow, and sprained right wrist. The employee was given a 10% whole person impairment rating. The conclusion section stated that "It appears that the injured worker continues to have difficulty obtaining medical treatment through the work comp system, [and] after a period of two years there are indications of reflex sympathetic dystrophy. The employee will most definitely need to be entered into a chronic pain management program with vocational job retraining..."

The employee began the chronic pain management program on 08/26/08, and has completed twenty days of the program, and the current request is for an additional ten days of a chronic pain management program. The report indicates that the employee has made the following progression: decreased distress as measured by Beck Anxiety inventories (BAI is now reduced to a 4, and BDI is reduced to 17) and improved physical demand level from the sedentary to the medium range. Additionally, the employee has decreased perceived pain from 8 to 7, experiences decreased irritability, tension, anxiety, depression, sleep disturbance, and has a clearer picture of return to work goals. Goals for the last ten days of the program are to focus on: achievement of a medium heavy physical demand level continued decreased pain and mood symptomatology, generalization of skills learned, and a concretized vocational plan to return her to work or retraining. The report stated "she must be approved to complete the program in order to extinguish active symptoms, increase her functional ability, and to propel her towards a safe return to work."

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

Per available records, over the first twenty days of the program, the employee has been able to significantly increase her functioning despite continued high pain levels. Overall, the report indicated she is functioning in the medium physical demand level range (up from sedentary), placing her just below her preinjury job demand levels. Lifestyle alterations as well as psychosocial self-reports also seem to have improved, and the report indicates employee is motivated to return to work and in considering several different options, such as counselor and vet tech. She has begun the process of identifying specific job openings and will be developing a resume and begin applying for

jobs during the next ten days of the program. The Beck Anxiety Inventory is currently within the normal range and the Beck Depression Inventory is in the mild range. Although “pain”, “frustration”, and “family discord” are still in the moderate ranges, these also have improved overall since beginning individual therapy sessions. Additionally, with a functional restoration program, functioning is emphasized despite pain. Although this is a difficult call, it would appear that employee is motivated to return to work, and has a job description she is interested in that will be within her abilities, and has almost achieved her return to work physical demand levels. Discontinuation at this point could mean the difference between continued disability and off-work status or productive participation if the workforce for this employee.

Official Disability Guidelines state that “Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved”. The employee has not been afforded much intervention, but when given the chance, has made good use of the opportunity. The denial is overturned. It is reasonable to believe that employee’s functional return to work goals can be achieved, and this request is deemed reasonable and necessary per TDI-DWC and **Official Disability Guidelines**.

Official Disability Guidelines recommends a chronic pain management program for this type of employee, and **Official Disability Guidelines** supports using the Beck Depression Inventory and Beck Anxiety Inventory among other tests to establish baselines for treatment.

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

1. ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
2. DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
3. MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
4. ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES