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Notice of Independent Review Decision-Amended

DATE OF REVIEW: April 8, 2009/ April 20, 2009 amended

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Chronic pain management program five days a week for two weeks (**80 hours**)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI

- Utilization reviews (01/28/09, 02/10/09, & 03/20/09)

IMO

- Office visits (02/15/08 – 01/09/09)
- Operative report (02/15/08)
- Utilization reviews (01/28/09, 02/10/09, and 03/20/09)

ODG criteria have been utilized for the denials

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx year-old-male who sustained an injury on xx/xx/xx. He was placing a tire on a wheel when the tire blew off the rim, striking his right wrist/hand and the left side of his face.

2008: In February, the patient underwent right wrist excisional biopsy of growing mass, ulnar volar aspect; synovectomy; tenolysis of flexor and extensor carpi ulnaris tendon; and decompression and neurolysis of ulnar nerve by , M.D. The

patient did extremely well with respect to his right wrist. There was no evidence of recurrence of the mas or synovitis, and the tenosynovitis was markedly diminished.

In June, , M.D., saw the patient for continuing complaints of right arm and hand pain, sleep deficits, and depression. He noted the patient had undergone three wrist surgeries. He had magnetic resonance imaging (MRI) of the right wrist revealing grade I tenosynovitis and peritendinitis of the extensor and flexor carpi ulnaris, small amount of fluid within the tendon sheath, and moderate degree of peritendinous inflammatory change extending over a length of 4 cm through the wrist region, mild degenerative hypertrophy of the first carpometacarpal joint. Dr. diagnosed acroparesthesia/radiculitis/weakness of the right upper extremity, chronic pain, internal derangement of the right wrist and elbow. He recommended work hardening program (WHP).

In a physical performance evaluation (PPE), the patient qualified at a light work capacity. In a subsequent PPE performed on December 31, 2008, the evaluator noted the patient had a recent fourth surgery of the right elbow for ulnar transposition. He had attended 20 sessions of WHP. The patient qualified at a sedentary light physical demand level (PDL) versus heavy PDL required by his job. The evaluator recommended WHP at a frequency of three per week for four weeks.

The patient underwent a mental health evaluation and scored 17 on Beck Depression Inventory (BDI) indicating mild depression and 24 on Beck Anxiety Inventory (BAI) indicating moderate anxiety. He was diagnosed with pain disorder with medical condition and anxiety/depression features, anxiety disorder, and depressive disorder and was recommended 10 days of WHP.

2009: In January, Dr. noted complaints of pain in the cervical area with dysesthesias in the right upper extremity, the cervical pain score being 4/10. Dr. felt the patient was a good candidate for chronic pain management program (CPMP)/WHP.

On January 21, 2009, , M.D., denied the request for CPMP with the following rationale: *"I called Dr. on January 22, 2009, at 2.25 pm. I spoke to Dr. . He indicated claimant has had four surgeries total, WHP, and returned to work for two to three months and then was not able to continue working. Has had counseling. No further surgery. Dr. indicated that he will not be able to return to work as a in the future. Based on the medical records submitted for review on the above referenced claimant, CPM two weeks is not authorized. Official Disability Guidelines (ODG) states, "It is not recommended that patients go from work conditioning to work hardening to chronic pain programs, repeating many of the same treatments without clear evidence of benefit."*

In February, , Ph.D., denied the appeal for 10 days of CPMP with the following rationale: *"The patient injured when a tire on which he was working blew off its rim, injuring his right wrist and hand and face. He had four surgeries since that time, and extensive conservative care, including 20 sessions of WHP. He returned to work. As a result of work hardening, he got to light-medium PDC level, psychological questionnaire (BAI and BDI) returned to normal values, and he got off of hydrocodone. However, he was unable to work at his job PDC level*

heavy and had stopped working. He has resumed taking hydrocodone. He had some mild limitations in grip, but normal range of motion (ROM) in the upper extremity. BAI is now 24, BDI is now 17. Oswestry is now 38. Was terminated by the employer. He reports sleep disturbance, mental stress, vocational and financial worries. The treatment recommendations in the psych evaluation are confusing because despite the statement that the patient has "psychological issues that must be addressed before return to work" it *also states he is an "excellent candidate for work hardening". These are contradictory statements.*

, M.D., performed a third review and denied the request for CPMP with the following rationale: *"The clinician reports disagreement with prior non-certification for this therapy, however, the most recent evaluation provided for consideration appears to be from January 7, 2009, and reports different figures. The claimant at that point was still sedentary/light and reported pain up to 8/10 with continued moderate BDI and BAI. The clinician indicates the claimant has discontinued his hydrocodone and has a normal BDI and BAI at present and has reduced his pain to 3/10. If this is true, the claimant may not require CPMP. The clinician reports the claimant PDL is light/medium, which would allow full return to work with no restrictions. The clinical indications are not present for this program. Determination: The request is not authorized.*

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

BASED ON THE RECORDS, THE BDI AND BAI ARE MINIMAL, PAIN IS 3/10, MEDCATION IS MINIMAL, HIS PDL LEVEL IS EQUAL TO THE POSITION REQUIREMENTS AND ODG STATES: "It is not recommended that patients go from work conditioning to work hardening to chronic pain programs, repeating many of the same treatments without clear evidence of benefit."

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES