I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
10 sessions of chronic pain management 5x/wk X 2wks

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Adverse Determination Letters, 6/26/09, 7/6/09
ODG Guidelines and Treatment Guidelines
Request for Medical Dispute Resolution, 7/27/09
Request for Reconsideration, 7/1/09
Request for Services, 6/17/09
Letter of Medical Necessity, undated
FCE, 5/22/09
Designated Doctor Examination, 4/29/09

PATIENT CLINICAL HISTORY SUMMARY
This right handed man had a crush injury/fracture to the tuft of the distal phalanx on his right thumb on xx/xx/xx. He reportedly has chronic pain with anxiety, panic and depression and sleep problems. His BAI is 12; BAD is 9 and GAF is 60. He takes Diclonefac, an NSAID for pain. He was reportedly having pain with grasp and fine manipulation. Dr. reported in his DD examination on 4/29/09 that the "examination of the thumb shows no abnormal swelling, discoloration, or deformity." He had essentially full motion of the joints "similar to the opposite thumb…Examination shows equal bilateral grip strength and a slightly decreased right thumb

pinch strength with gross motor testing." His FCE on 5/22/09 described him as having "a decrease in range of motion and flexibility of the right hand and thumb with associated pain." Further "Mr. exhibits a decrease in grip strength of bilateral upper extremities with the right being weaker." He "exhibits pain upon palpation."

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

The DD description and the FCE description of his right hand were performed only 4 weeks apart. Yet the latter examination showed significant deterioration. Further the DD examination commented upon essentially symmetrical function, but at the FCE, he was weaker in both hands, but especially in the right. In the absence of a new injury, there is no explanation in the records of what caused this deterioration in such a short period of time. The ODG comments upon the limited documented value of pain programs for upper extremity disorders. In addition, Criteria 2 of the ODG requires that people admitted to the program have failed all other treatment options. This does not appear to be the case. The records included notes from just one session of psychological counseling dated 6/17/09. The fracture described is relatively minimal. There was no description of any neurological loss or any suggestion of a complex regional pain disorder. The request does not meet the ODG criteria for a chronic pain management program. The reviewer finds that medical necessity does not exist for 10 sessions of chronic pain management 5x/wk X 2wks.

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

[ ] ACOEM-AMERICA 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

[X] 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)