

Clear Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 23, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program x 10 Sessions

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

MD, Board Certified Orthopedic Surgeon

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.

The reviewer finds that medical necessity does not exist for Chronic Pain Management Program x 10 Sessions.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Left shoulder surgery, 2/26/07
Left shoulder MUA, 6/11/07
MRI right wrist, 2/21/08
EMG/NCS, 6/18/08 EMG/NCS
Office note, Dr. 7/7/08
Diagnostic left shoulder ultrasound, 7/7/08
Diagnostic right wrist ultrasound, 7/7/08
FCE, 8/11/08

Behavioral medicine evaluation, Dr. , 9/15/08
Peer review, Dr. r, 10/16/08
Appeal letter, Dr. 11/3/08
Peer review, Dr. , 11/26/08
ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a xx year old female with pain in the left shoulder and right wrist following an injury of xx/xx/xx due to repetitive lifting and packing. On 02/26/07 the claimant underwent left shoulder arthroscopy, rotator cuff repair, subacromial decompression and distal clavicle resection. On 06/11/07 she had a left shoulder manipulation under anesthesia for adhesive capsulitis and debridement of the glenohumeral joint. She also has a diagnosis of De Quervain's tenosynovitis of the right wrist confirmed by MRI on 02/21/08. The claimant has ongoing chronic left shoulder and right wrist pain. A 06/18/08 EMG/NCS showed bilateral median entrapment neuropathy.

A 07/07/08 evaluation with Dr. documented complaints of pain in the left shoulder and right wrist. Medications were Lyrica, Darvocet and Tramadol. On exam Spurlings test was positive bilaterally. Left shoulder forward flexion was 30 degrees and abduction was 40 degrees. Internal rotation was 90 degrees and external rotation was 45 degrees. Finkelstein was positive and the claimant had tenderness of the first dorsal compartment at the APL and EDB tenderness. Phalen/Tinel signs were negative.

A 07/07/08 diagnostic left shoulder ultrasound showed filling of the bicipital groove indicating a bursal tissue response to an enlarged tendon as well as local tissue reaction not unlike fibrosis of the supraspinatus tendon as it covers the head of the humerus. A 07/07/08 diagnostic right wrist ultrasound showed enlargement of the surrounding flexor tendon ulnar bursae with increased periosteum thickness of the radius and ulnar palmar surfaces as well as a general swelling of the subpalmar carpal ligament structures consistent with wrist bursitis.

The claimant underwent four sessions of health and behavioral interventions in August and September of 2008 which reduced her average pain level from 10 to 8. An FCE was done on 08/11/08 in which the claimant tested below sedentary level.

On 09/15/08 Dr. performed a behavioral medicine evaluation indicating that the claimant suffered from symptoms of fear and avoidance of activity, self perceptions of disability; and preoccupation with persistent debilitating pain. He recommended an interdisciplinary pain management program. The program was denied on peer review and has been appealed.

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

Denial of the request is upheld. It is unclear to the reviewer in the records provided that negative predictors of success have been addressed. It is unclear to the reviewer in the records provided that the claimant exhibited motivation to change and is willing to decrease and forego secondary gains. It is unclear what conservative courses have been rendered to resolve symptomatology in the form of a cortisone injection therapy, anti-inflammatory medications, oral steroids, or pain medications. This review is based on review of the records provided and evidence based medicine and is consistent with

DG guidelines. The reviewer finds that medical necessity does not exist for Chronic Pain Management Program x 10 Sessions.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, Pain.

Chronic pain programs (functional restoration programs)

Criteria for the general use of multidisciplinary pain management programs:

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:

- (1) Patient with a chronic pain syndrome, with pain that persists beyond three months including three or more of the following: (a) Use of prescription drugs beyond the recommended duration and/or abuse of or dependence on prescription drugs or other substances; (b) Excessive dependence on health-care providers, spouse, or family; (c) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; (d) Withdrawal from social know how, including work, recreation, or other social contacts; (e) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs; (f) Development of psychosocial sequelae after the initial incident, including anxiety, fear-avoidance, depression or nonorganic illness behaviors; (g) The diagnosis is not primarily a personality disorder or psychological condition without a physical component;
- (2) The patient has a significant loss of ability to function independently resulting from the chronic pain;
- (3) Previous methods of treating the chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement;
- (4) The patient is not a candidate for further diagnostic, injection(s) or other invasive or surgical procedure, or other treatments that would be warranted. If a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided;
- (5) An adequate and thorough multidisciplinary evaluation has been made, including pertinent diagnostic testing to rule out treatable physical conditions, baseline functional and psychological testing so follow-up with the same test can note [functional and psychological improvement](#);
- (6) The patient exhibits motivation to change, and is willing to decrease opiate dependence and forgo secondary gains, including disability payments to effect this change;
- (7) Negative predictors of success above have been addressed;
- (8) These programs may be used for both short-term and long-term disabled patients. See above for more information under *Timing of use*;
- (9) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. (Note: Patients may get worse before they get better. For example, objective gains may be moving joints that are stiff from lack of use, resulting in increased subjective pain.) However, it is also not suggested that a continuous course of treatment be interrupted at two weeks solely to document these gains, if there are preliminary indications that these gains are being made on a concurrent basis. Integrative summary reports that include treatment goals, compliance, progress assessment with objective measures and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program;
- (10) Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or comorbidities). ([Sanders, 2005](#)) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function;
- (11) At the conclusion and subsequently, neither re-enrollment in nor repetition of the same or similar rehabilitation program (e.g. work hardening, work conditioning, out-patient medical rehabilitation) is medically warranted for the same condition or injury.

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 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
- 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)