



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 11/25/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Chronic Pain Management 8 hours per day for 5 days for 2 weeks (97799).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years and performs this type of service in daily practice.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of Chronic Pain Management 8 hours per day for 5 days for 2 weeks (97799).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Ins. Co., Rehabilitation Center,

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Ins. Co.: Denial Letters – 9/18/09 - 10/19/09; MD ROM, Muscle & Grip Strength Testing – 8/20/09 & 9/18/09, Office Notes – 10/25/09; Progress Note(unknown author) – 9/30/09 & 10/30/09; MD MR Arthrogram & Pre-arthrogram X-ray reports – 10/6/09; Treatment History – 11/13/09; ODG Pain (Chronic) Chapter.

Records reviewed from Rehabilitation Center – Evaluation report – 7/14/09; DC PPE & FCE reports – 7/14/09 & 9/1/09.
Records reviewed from: Emailed – 11/20/2009

A copy of the ODG was received by for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to medical records, the injured employee was injured on xx/xx/xx while working. He stepped from a desk and fell injuring his right shoulder. He was off of work for two months, and then placed on light duty for three months. He has been treated primarily by M.D.

An MRI of the right shoulder on January 5, 2009 was performed and there is no indication of what was seen in that study. He had physical therapy in February, 2009. On May 4, 2009, he underwent an arthroscopy and rotator cuff repair. Subsequently, he was placed in physical therapy.

On July 14, 2009, he had an evaluation by , LCP. This psychological evaluation was to determine the appropriateness of a work hardening program. The description of the injury and prior treatment were included in this report. There was a statement that the patient had continuous dull pain and was taking Celebrex, hydrocodone, and Talwin. He did express a desire to return to work. His treatment included electrical stimulation, TENS, ultrasound, massage, exercise, heat/ice, acupuncture, and surgery. He was using ice and medication to cope with his pain. It was noted that the injured employee had had prior marital counseling, but had no prior history of psychiatric disorder. A work hardening program was recommended, he was placed in a work hardening program that included 20 sessions.

On October 6, an arthrogram of the right shoulder showed mild tendinosis of the subscapularis and infraspinatus tendons as well as subacromial bursitis. In late October, notes indicate that the patient underwent manipulation under anesthesia with improvement in range of motion of the shoulder. Because of continued problems and chronic pain, a chronic pain management program five days a week for two weeks has been requested.

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

The injured employee had a documented injury to his right shoulder on xx/xx/xx. He has had extensive evaluation including an MRI, arthrogram, x-rays, and physical and functional capacity evaluations in addition to physician evaluations and a psychological evaluation. He has had extensive treatments including physical therapy modalities, an arthroscopy and rotator cuff repair, and a manipulation under anesthesia. He also had an extensive work hardening

program. This request is for consideration of a chronic pain management program.

The patient continues to take pain medications and use ice to control his pain. His current medications include Naprosyn and hydrocodone. There is indication that he wishes to return to work which is documentation of motivation to change. The ODG Guidelines for a Chronic Pain Management Program are partially but not completely met. There is no documentation that this individual is aware that successful treatment may change compensation and/or other secondary gains. Also, there is no documentation in the medical records that negative predictors of success have been identified and considered.

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)**