

Notice of Independent Review Decision

DATE OF REVIEW: 10/29/2009
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management Program x 10 Days/Sessions

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Maryland School of Medicine and completed training in Orthopaedics at University Hospital at Case Western Reserve. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since 7/11/2004 and currently resides in MO.

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)

Chronic Pain Management Program x 10 Days/Sessions Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice of utilization review dated 10/7/2009
2. Review organization by author unknown dated 10/6/2009
3. Notice of reconsideration by author unknown dated 8/26/2009
4. Physician review by DO dated 8/26/2009
5. Chronic pain management program by MS dated 8/21/2009
6. Preauthorization request by author unknown dated 8/20/2009
7. Notice of denial by author unknown dated 8/4/2009
8. Physician review by MD dated 8/4/2009
9. Memory transmission report by author unknown dated 7/30/2009
10. Fax page by author unknown dated 7/30/2009 to 10/2/2009
11. Preauthorization request by author unknown dated 7/29/2009 & 8/20/2009
12. Pain management program by MS dated 7/29/2009
13. History and physical by DO dated 7/21/2009
14. Recommendation by author unknown dated 7/20/2009
15. Clinical note by DC dated 7/16/2009
16. Evaluate and treat by author unknown dated 7/9/2009
17. Nerve conduction report by MD dated 5/10/2009
18. Consultation by MS dated 4/9/2009
19. Addendum by MS dated 4/9/2009

20. Patient face sheet by author unknown dated 3/11/2009
21. Letter by MD dated 3/9/2009 to 6/19/2009
22. Request form by author unknown dated unknown
23. Interdisciplinary pain treatment component by unknown dated unknown
24. Program design by author unknown dated unknown
25. Treatment design by author unknown dated unknown
26. Case assignment dated 10/7/2009
27. Fax Page dated 10/6/2009
28. Independent review organization by Author unknown, dated 10/6/2009
29. Review organization by Author unknown, dated 10/2/2009
30. Fax page dated 10/2/2009
31. Notice of reconsideration by Author unknown, dated 8/26/2009
32. Fax page dated 8/21/2009
33. Notice of denial of pre authorization by Author unknown, dated 8/4/2009 and 8/26/2009
34. Fax page dated 7/30/2009
35. Preauthorization request by Author unknown, dated 7/29/2009 and 8/20/2009
36. Pain management program dated 7/29/2009 and 8/21/2009
37. Treatment design by Author unknown, dated unknown,
38. Interdisciplinary pain treatment by Author unknown, dated unknown,
39. Clinical note by Author unknown, dated unknown,
40. Official Disability Guidelines (ODG)

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who had been employed in her position for 41/2 years prior to injury. In February 2009, she noted first pain and swelling in her right wrist on/about January 20th and then her left wrist became painful and swollen. She reported an injury on xx/xx/xx. Diagnosis was tendonitis and conservative care was initiated. The injured employee has not responded well to conservative care measures despite negative EMG's and essentially negative clinical exam.

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

The request is for chronic pain management program for 10 days/sessions. The previous denial is upheld. There are negative EMG's studies and clinical notes continually document an essentially negative exam: negative Tinel's; negative Phalen's; no atrophy; perceived decreased sensation.

This injured employee has been given adequate resources and treatment to improve with medications, bracing and physical therapy and activity modification. It appears there are underlying motivations to continue in the disabled role. There is no evidence of complex regional pain syndrome which would be appropriate for this type of referral.

A chronic pain management session would not address this adequately. In addition, the injured employee could have PTSD due to her injury.

There is a lack of an identifiable clinical wrist condition to treat. The physicians tried to fill in on their request all ODG criteria, but there is not an identifiable clinical etiology. No EMG's or clinical exams support this.

A pain management program is not addressing the crux of the issue. Therefore, the recommendation is that the previous denial should be upheld.

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)

J Occup Rehabil. 2002 Dec;12(4):257-67. Links

Employer, physical therapist, and employee outcomes in the management of work-related upper extremity disorders. Cheng MS, Amick BC 3rd, Watkins MP, Rhea CD.

Department of Physical Therapy, Sargent College of Health and Rehabilitation Science, Boston University, NeuroMuscular Research Center, Boston, Massachusetts, USA. ptcheng@bu.edu

lin Occup Environ Med. 2006;5(2):471-82, xi. Links

Occupational and physical therapy for work-related upper extremity disorders: how we can influence outcomes. Driver DF.

Concentra Health Services, 6360 West Sam Houston Parkway, Suite 200, Houston, TX 77041, USA. Dennis_Driver@Concentra.com

Clin Occup Environ Med. 2006;5(2):235-47, vi. Links

Prevention of delayed recovery and disability of work-related upper extremity disorders. Derebery J, Tullis WH.

Concentra Health Services, 10200 Broadway Boulevard, Suite 201, San Antonio, TX 78217, USA.

Jane.derebery@concentra.com

J Bone Joint Surg Am. 2004 Jun;86-A(6):1115-21. Links

Comment in:

J Bone Joint Surg Am. 2005 Mar;87(3):673; author reply 673-5.

Symptoms of posttraumatic stress disorder after orthopaedic trauma. Starr AJ, Smith WR, Frawley WH, Borer DS, Morgan SJ, Reinert CM, Mendoza-Welch M.

Department of Orthopaedic Surgery, Denver Health Medical Center, Denver, CO 80204-4507, USA. adam.starr@utsouthwestern.edu