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Notice of Independent Review Decision

DATE OF REVIEW: April 9, 2010 **– Amended April 12, 2010**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Chronic pain management program 10 sessions (5 x wk x 2 wks), left wrist

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board Certified American Chiropractic Academy of Neurology
Certified American Academy of Disability Evaluating Physicians

REVIEW OUTCOME

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

☒ Upheld (Agree)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Dr.

- PPE (12/10/09 - 03/09/10)
- Office visits (01/20/10 - 02/22/10)
- Utilization reviews (03/02/10 – 03/18/10)

TDI

- Utilization reviews (03/02/10 – 03/18/10)

ODG have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who on xx/xx/xx, lifted a large piece of rebar measuring approximately 60 feet long and ½ inch thick. He lifted the rebar from one end and proceeded to push it forward with a great force. The rebar was not moving forward, only bending. Suddenly the rebar ricocheted back from the bent position and forcefully deviated the patient's left wrist.

In xx/xx, the patient underwent a physical performance evaluation (PPE). The PPE report indicated the following treatment history: *Initially the patient was seen by Dr. who obtained x-rays, prescribed medication and released the patient to modified duty. The patient then underwent approximately two weeks of physical therapy (PT), but without significant improvement. Magnetic resonance imaging (MRI) of the left wrist revealed dorsal subluxation of the distal radius with fluid in the distal radial ulna joint, narrowing of the radiocarpal joint space and a small cyst within the carpal tunnel possibly representing a small ganglion. The MRI of the left hand revealed mild synovitis of the metacarpal, phalangeal and interphalangeal joint. M.D., obtained a left upper extremity electromyography/nerve conduction velocity (EMG/NCV) that revealed ulnar neuropathy in the left upper extremity with a lesion at or near the wrist, Guyon's canal. On May 18, 2009, Dr performed release and decompression of the ulnar nerve at the Guyon's canal. MRI of the right wrist revealed tenosynovitis of the second extensor compartment and EMG/NCV revealed median mononeuropathy on the right with the lesion located at or near the carpal tunnel moderate-to-severe in nature. The patient followed up with Dr. on November 24, 2009, and was noted to have a positive Tinel's and Phalen's tests of the right hand and was recommended a cock-up splint for the right wrist and PT rehabilitation.* In a PPE, the patient failed to meet the critical physical demands of his employment. The evaluator recommended a chronic pain management program (CPMP) since there was apparent level of depression and anxiety.

The patient underwent two sessions of PT at Clinic with the modalities consisting of electrical muscle stimulation, moist heat/ice, massage and paraffin.

On January 20, 2010, Dr. noted minimal pain in the volar aspect in the Guyon's canal on the left side and positive Tinel's and Phalen's tests on the right. He prescribed Motrin and referred the patient for a second opinion.

In February, M.A., noted that the patient had completed seven sessions of pain management program. The patient felt the program helped him. He desired to return to work when he was emotionally and physically recovered from the injury. The current pain level was 5. The patient had reduced his medication intake to as needed basis. Dr. requested 10 additional sessions of CPMP.

Per utilization review dated March 2, 2010, the request for chronic pain management five per week for two weeks was denied with the following rationale: *"The request for additional chronic pain management 5Wk x 2Wlcs for the left wrist is not medically necessary at this time. Clinical documentation submitted for review indicates the patient has completed 10 sessions of a chronic pain management program to date. ODG Guidelines state that 'Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains." The clinical documentation submitted for review fails to indicate that the patient has made significant subjective and objective gains with prior treatment. The note reports that the patient states that he has reduced medication intake to as needed; however, it is unclear what the patient pre-treatment medication intake level was and what his current medication intake level is. Clinical documentation submitted for review also fails to indicate that the patient has made any functional improvements as documented by a comprehensive physical exam, updated FCE and/or PDL level. Additional clinical documentation would*

need to be submitted for review to indicate the patient has made significant subjective and objective gains with prior treatment before the appropriateness of this request can be established. As such, medical necessity for the request for additional chronic pain management program 5Wk x 2Wks for the left wrist has not been established at this time."

In a PPE performed on March 9, 2010, the patient failed to meet the critical physical demands of his job. The evaluator recommended continuing with the CPMP for maximal benefit. The patient was noted to have an apparent level of depression and anxiety making it difficult for lasting improvement.

On March 11, 2010, D.C., noted that the patient had attended 10 sessions of chronic pain management program and requested for reconsideration of additional 10 sessions.

Per reconsideration review dated March 18, 2010, request for chronic pain management 5 per week for 2 weeks was denied with the following rationale *"There was an FCE dated March 9, 2010, available for review. There was no previous testing to compare it to. The behavioral evaluation contained no psychometric testing such as Beck scores, or Fear and avoidance questionnaires, or PAIRS. Without evidence of continued behavioral deficits, and established progress within the first ten days, additional pain management is not supported. Dr. offered to fax the previous FCE in order to establish baseline functioning. I received a fax containing the December 10, 2009, FCE. A comparison revealed that wrist range of motion decreased during the time period, for both the left and right wrist. Grip testing also decreased. Pinch testing improved and NIOSH lifts improved. Given the equivocal nature of his progress, and the lack of key behavioral outcomes measures, I cannot endorse additional pain management."*

On March 30, 2010, Ph.D., opined *"The patient had completed 10 sessions of a 20-day chronic pain management program with excellent progress. The patient has achieved improvement with these 10 sessions. Although the patient progressed in all aspects of this program, he has not yet reached all projected goals. This program is tailored around a 20-day treatment plan endorsed by ODG. To terminate the program prematurely denies the opportunity to gain maximum benefit from the program's design. The fact that the patient has made improvement with previous sessions is further evidence that continuation of chronic pain management program is both reasonable and necessary."* Dr. requested for medical dispute resolution.

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

The patient was injured onxx/xx/xx. He was diagnosed with left wrist ulnar entrapment neuropathy and underwent a successful ulna decompression by orthopedic surgeon Dr.. Extensive medical records have been reviewed for consideration. There has been no indication of any infection or any surgical complication according to his surgeon. This patient had extensive physical modality treatment in conjunction with rehabilitation and 10 sessions of psychological treatment and pain management; he also had a number of functional capacity evaluations. He has been under treatment for his injury for

over 15 months without any complication. Based on the clinical review of all the medical records as well as ODG guideline, I don't see any justification for additional 10 sessions of psychological treatment/pain management.

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

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**