

# US Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/21/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic Pain Management Program x 10 Sessions (5x/week x 2 weeks) for the left shoulder, 97799

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

MD, Board Certified Physical Medicine and Rehabilitation

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 1/22/10, 2/17/10

MRloA 1/21/10, 2/17/10

3/5/10, 1/19/10, 10/15/09, 9/23/09, 10/1/09, 10/8/09, 10/15/09, 2/5/10

FCE 11/23/09

M.D. 7/27/09

**PATIENT CLINICAL HISTORY SUMMARY**

This patient was hit in the shoulder by another employee. He had left shoulder pain. MRI is negative of the left shoulder. EMG is positive for activity at C7 to T1. He is at MMI with 0% IR. He improved with psychologic therapy and does not plan to return to his previous job which requires heavy physical demand.

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

This employee reported an injury to the shoulder. He did have therapy with minimal benefit. He did have a shoulder injection. He has a history of depression prior to the injury. He had psychologic treatment and the BDI decreased from 39 to 5 and the BAI decreased from 19 to 7. He does not use narcotics. His job was heavy level and he is capable of light physical demand level. He does not want to return to his job and his job is not available. He wants to return to school for fine arts. The Oswestry shows minimal functional disability. He is at MMI

with 0% IR. Shoulder MRI is negative. There are some positive paraspinal findings on EMG.

According to ODG, there are limited studies about the efficacy of chronic pain programs for neck, shoulder or upper extremity musculoskeletal disorders. The patient has 7 of 9 variables that have been found to be negative predictors of efficacy of treatment with a CPMP. He has a negative relationship with employer, poor work satisfaction, negative outlook for future employment, higher pretreatment levels of depression, he is involved in a financial disability dispute, there was increased duration of pre-referral disability time and he has higher pretreatment levels of pain. For these reasons, the reviewer finds that medical necessity does not exist at this time for Chronic Pain Management Program x 10 Sessions (5x/week x 2 weeks) for the left shoulder, 97799.

**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

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)