

SENT VIA EMAIL OR FAX ON
Aug/09/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Pain Management 5 X wk X 2 wks right shoulder

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

Clinical psychologist; Member American Academy of Pain Management

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

OD Guidelines
Denial Letters 7/9/10 and 7/19/10
Healthtrust 4/5/10 thru 7/23/10
Dr. 4/14/10 thru 5/26/10
Treatment 5/4/10
PPE 3/30/10 Dr. 2/21/07 and 5/23/07
Diagnostic 6/11/09
Dr. 10/16/09 thru 4/29/10

PATIENT CLINICAL HISTORY SUMMARY

History available from patient FCE shows claimant is a female who was injured on xx/xx/xx performing her usual job duties. On the above-mentioned date, patient states that while doing overhead work testing receivers, she experienced pain in her right shoulder. She received an injection to the shoulder, x-rays, and a prescription at the ER, then began treatment at consisting of medication and physical therapy. She was released back to work on modified duty. Records do not indicate how long she stayed at work, but patient has required 2 surgeries to her shoulder and is currently presumed to be in an off-work status. Note from FCE states that surgeon advised patient, "if she continues with recurrence and fraying in the acromioclavicular joint, then she will need a distal clavicle resection and possible arthroscopic debridement." She was scheduled to follow-up on this at the end of June

Patient has currently participated in 10 days of a functional restoration program, and current request is for 10 additional days of programming.

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

The patient has completed 10 days of a chronic pain management program. Over the first ten days of the program, records do not indicate whether patient had advanced with regard to PDL level, but there is a chart that shows increase of ten minutes per day on bike and treadmill. Likewise, there is no physician report regarding current medications, patient status, or future plan for the patient's programming. There are also no physical therapy notes available for review. The notes that are available for review are a summary that show no change or worsening across BDI and BAI measures. There are really no specific, individualized vocational or psychosocial goals set out in the treatment plan, no medical goals, and no physical rehab goals. There is no indication the clinic is CARF-accredited and no documentation regarding outcomes. As such, this request cannot be considered medically reasonable or necessary at this time as it does not meet criteria 10 and 11 or ODG for pain programs.

(10) 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 they are being made on a concurrent basis.
(11) Integrative summary reports that include treatment goals, compliance, progress assessment with objective measures and stage of treatment, must be made available upon request at least on a bi-weekly basis during the course of the treatment program.

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)