



## Notice of Independent Review Decision

### IRO REVIEWER REPORT – WC (Non-Network)

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**DATE OF REVIEW:** 12/22/09

**IRO CASE #:**

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

10 Sessions of Chronic Pain Management

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

Board Certified in Physical Medicine & 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

10 Sessions of Chronic Pain Management - UPHELD

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Subsequent Medical Report, M.D., 08/21/09, 09/18/09
- History Information Form, 08/27/09, 09/22/09
- Treatment Plan, 08/27/09, 09/27/09
- Request for Services, 09/09/09
- Examination, 09/22/09
- Physical Performance Evaluation (PPE), Health Centers, 10/21/09
- Utilization Management Referral, Undated
- Notice of Denial of Pre-Authorization, 10/30/09
- Notice of Reconsideration, 11/18/09
- Request for Medical Dispute Resolution, 12/08/09
- The ODG Guidelines were not provided by the carrier or the URA.

## **PATIENT CLINICAL HISTORY (SUMMARY):**

The patient sustained an injury to his right shoulder on xx/xx/xx. He underwent two right shoulder arthroscopies. He had also undergone physical therapy. He was noted to be taking Motrin 500 mg, EC-Naprosyn 500 mg, and Tylenol 500 mg. He had undergone a Physical Performance Evaluation (PPE) which placed him at the sedentary to light work demand.

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

The date of injury is approaching two years in age. It would appear that definitive treatment was provided to the right shoulder on 05/12/08 and 11/10/08 when surgical procedures were performed to the right shoulder. The records available for review do not indicate that the patient requires narcotic medications for management of pain symptoms. It is documented that the patient did receive six sessions of individual counseling in the past. Additionally, the records available for review indicate that when the patient received updated physician assessments with Dr. the patient was reporting improvement of symptoms with improved range of motion in the affected shoulder. Hence, it would appear that the patient derived a positive benefit from treatment in the form of surgical intervention.

Consequently, based upon the records available for review and the criteria set forth in the Official Disability Guidelines - *Criteria For the General Use of Multidisciplinary Pain Management*, support for a request for treatment in the form of a comprehensive pain management program in this specific situation has not been established at this time.

## **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 - *CRITERIA FOR THE GENERAL USE OF MULTIDISCIPLINARY PAIN MANAGEMENT PROGRAMS.***
- 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)**