

SENT VIA EMAIL OR FAX ON
Dec/23/2009

P-IRO Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions trial of a work hardening program

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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 11/17/09 and 11/30/09
11/17/09 and 11/25/09
Health 11/10/09
Occupational Health 1/20/09 thru 12/3/09

PATIENT CLINICAL HISTORY SUMMARY

This is a female who reportedly injured her right rotator cuff on xx/xx/xx. She underwent surgery in xx/xxxx and had pain afterwards. She was in physical therapy after surgery. She made some improvements. The FCE done in November showed her to be at a light to medium PDL while her job requires her to be at a heavy level. She had some psychometric testing which was interpreted by Dr. The Reviewer did not see any report of a face to face encounter. The assessment showed anxiety, depression, kinesiophobia and focusing on her pain (amplification). The 12/3 progress note stated she had chronic pain syndrome. She is planning to return to her job in January.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

The prior reviewers expressed their concerns over the lack of a psychological assessment. The screening tools are useful, but do not replace the face-to-face assessment. In fact the face-to-face assessment is required in the ODG. This would include psychological goals in concordance with the therapy goals leading to her to return to work. Further, she was diagnosed with chronic pain. The issue is whether she is more appropriate for a chronic pain program vs. work hardening. She will be eligible for one program, not both. The ODG notes limited information about outcomes following shoulder injury. The Reviewer concurs that she should probably be in one of the two programs. The Reviewer cannot approve either without completion of the "Diagnostic Interview" and not just the screening questionnaires.

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)