SENT VIA EMAIL OR FAX ON
Oct/18/2010

IRO Express Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0310
Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Oct/18/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management Program Left Shoulder, Right Knee, 5 X wk X 2 wks

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 7/27/10 and 9/10/10
Rehab 4/29/10 thru 8/25/10
Medical Centers 7/17/08 thru 1/14/10
FCE 6/28/10

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who was injured on xx/xx/xx performing his regular job duties in the employ of. Patient was riding in the back of a, when the driver hit the brakes, causing the claimant to fall out of the truck, injuring his right knee and left shoulder. Patient established treating with Dr. at Medical Centers, and was evaluated on 8/22/08 and diagnosed with left shoulder sprain/strain and right knee Grade II ACL and MCL tear.

Since the injury, patient has been given diagnostics and interventions to include: MRI's, FCE's, physical therapy x 2, left shoulder arthroscopy (11/09), and medication management.

Current medications include Lithium and Hydrocodone. Most recent FCE placed claimant at the light PDL with his job being considered a heavy PDL. During patient's last round of physical therapy, his reported pain level steadily escalated from an 8/10 to 10/10 with regard to his left shoulder. Currently, patient continues to report pain at an average 10/10 and he has been referred for a chronic pain management program, which is the subject of this review.

Patient was evaluated by on 4/29/10. Psychometric testing shows mild depression and severe anxiety, severe disability complaints (ODI of 72), perception of pain as being 10/10 VAS, significant fear-avoidance beliefs, and reduced physical capabilities. Mental status exam shows mood was euthymic and his affect was congruent to his mood and to the content of his speech. Patient was diagnosed with 307.89 pain disorder and axis II deferred. The current request is for initial trial of 10 days of a chronic pain management program. Goals for the program include: "improving patent's ability to cope with pain, anxiety, frustration, and stressors, which are to be impacting his daily functioning." Vocational goal is to return to light duty labor.

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

Goals for the program are vague and generalized, and not really individualized for this particular patient. Initial behavioral report does not include a cohesive history, particularly with respect to the knee diagnosis and orthopedic follow-up and treatment. The only treatment note submitted from Dr. was in 2008. It is unclear whether Dr. is still the treating doctor or whether he has not seen the patient recently. ODG states that an adequate and thorough evaluation has to have been made, and since no recent MD note is available, this clearly is not the case. Patient has had 24 previous PT sessions, which resulted in worsening of his overall condition, but this is not explained or taken into account with regard to treatment planning. Patient has continued psychological complaints, but has never apparently been requested for a trial of IPT or further testing, as recommended in the last peer review. Given the above-mentioned contraindications, the current request cannot be considered reasonable or medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)