

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: August 24, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic pain management program 97799; 10 sessions.

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

CHIROPRACTOR

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

TRANSCRIPTION WILL LIST MEDICAL RECORDS HERE WITH SPECIFIC DATES

Medical records from the Carrier/URA include:

- Official Disability Guidelines, 2008
- Group, 08/18/10
- , Inc., 07/02/08
- Employers First Report of Injury or Illness, 05/24/08
- Admitting Face Sheet, 01/11/07
- , 06/01/08, 06/02/08, 06/04/08, 06/09/08
- , 06/02/08
- , 06/02/08, 06/03/08, 06/06/08, 06/10/08, 06/17/08, 07/01/08, 07/08/08, 07/21/08, 08/01/08, 08/04/08, 08/15/08, 08/22/08
- , 06/03/08
- R.N., 06/06/08, 08/01/08
- , P.A., 06/20/08, 06/30/08, 07/16/08, 09/10/08, 09/24/08, 10/02/08, 10/09/08, 11/06/08, 11/26/08, 12/08/08, 01/05/09, 02/02/09, 03/02/09, 03/25/09, 05/11/09, 06/08/09, 06/15/09, 02/02/09, 03/02/09, 03/25/09, 05/11/09, 06/08/09, 06/15/09
- Consulting, 06/25/08, 08/30/08
- M.D., 06/30/08
- , 07/25/08, 08/07/08, 01/08/09, 01/06/09
- M.D., 07/29/08, 08/04/08
- Texas Workers' Compensation Work Status Report, 08/01/08, 09/10/08, 11/06/08, 01/05/09, 02/02/09, 03/25/09, 05/11/09, 06/15/06, 06/15/09, 02/02/09, 03/25/09, 05/11/09, 06/15/06, 06/15/09, 09/29/09, 09/29/09, 10/28/09, 02/03/10, 04/26/10
- MRI and Diagnostic, 04/19/10
- M.D., 08/11/08
- 10/10/08, 11/03/08, 11/24/08
- , Inc., 102/17/08
- DWC-69, Report of Medical Evaluation, 06/26/09, 06/26/09
- M.D., 06/26/09
- Ms., 09/15/09
- Relief Medical, 09/25/09
- , 09/29/09, 10/08/09, 10/28/09, 12/11/09, 03/05/10, 04/12/10, 05/12/10, 05/18/10
- Medical Testing, 10/19/09
- M.D., 10/22/09, 11/23/09, 12/21/09
- Medical Evaluations, 10/28/09
- , 12/07/09

- Diagnostics, 12/21/09
- Pain Consultants, 01/06/10, 02/03/10
- M.D., 02/03/10, 03/25/10, 05/04/10
- , Inc., 02/17/10, no date
- , 04/09/10

Medical records from the Provider include:

- R.N., 06/06/08
- M.D., 07/29/08
- , 10/15/08
- , 11/03/08, 11/24/08, 12/05/08, 12/31/08
- , 09/29/09, 10/28/09, 11/30/09, 04/12/10, 05/18/10, 05/27/10, 06/24/10, 06/25/10, 07/22/10
- Medical Evaluations, 10/28/09
- M.D., 01/06/10, 02/03/10, 04/19/10
- M.D., 02/03/10, 03/25/10, 05/04/10
- , Inc., 02/17/10
- MRI and Diagnostic, 04/19/10

PATIENT CLINICAL HISTORY:

The patient was injured at work. She felt a pull in her back after lifting merchandise. She went home and then returned to work the next day where she reported the injury to her supervisor. She was taken to the emergency room, an x-ray was taken and she was given an injection into the right shoulder. She went to Dr. who ordered an MRI of the right shoulder, which revealed a full thickness tear of the supraspinatus tendons. The patient was given a return to work order with restrictions until her shoulder surgery on October 2, 2009. The patient was given a 6% impairment rating.

The patient was seen at from October 10, 2008 through November 3, 2008.

On September 29, 2009, at, the patient was seen by, D. C. The patient comes in post surgical for continued physical therapy regimen. The patient is placed off work for 30 days. Patient was seen for a medical consult for evaluation and pain management.

On October 28, 2009, the patient was seen by, M.D., at. Needle EMG was performed. The electrodiagnostic evidence is most consistent with a mild median neuropathy affecting the right median sensory nerve at the palm.

On January 16, 2010, the patient was seen by, M. D., at. Continue therapy with Dr.. The patient was referred to an orthopedic surgeon and a right shoulder arthrogram was ordered to identify the source of her pain. Follow up with Dr. in 3-4 weeks. Continue current medications. Follow up with orthopedic evaluation. Continue current medications. Continue current active therapy with Dr.. Return for reevaluation in 4-6 weeks.

On February 3, 2010, the patient was seen by, M.D., at, P.A. The patient has undergone surgery for right shoulder rotator cuff repair with Dr. Test results of the MR arthrogram were discussed to evaluate the integrity of rotator cuff repair.

On February 17, 2010, the patient was seen at, Inc., by, M.D. Continue with physical therapy with Dr.. Repeat MRI of right shoulder to compare pre-surgical films. Right suprascapular nerve block. Medications were prescribed and patient is to return in two weeks.

On March 25, 2010, peer to peer telephone conversation with Dr. concluded that the patient needs an MR arthrogram.

On April 19, 2010, the patient underwent arthrogram MRI study of right shoulder at MRI & Diagnostic. The MRI study revealed postsurgical changes with fibrotic scarring. No evidence of rotator cuff tear, labral tear, fracture, dislocation or ac separation.

On May 4, 2010, the patient was seen by Dr., M. D. for continued physical therapy. No further surgical intervention at this time with physical therapy three times per week for four weeks.

The patient underwent a Functional Capacity Evaluation at. The patient is not able to return to her job. Physical demand is higher than demonstrated in functional testing which places the patient in a high risk category for re-injury and/or exacerbation. She would be a good candidate for a pain management program and she should be accessed in order to confirm this conclusion.

On May 24, 2010, the patient was seen at for a Mental Health Evaluation by, Ph.D. Recommend 10 sessions of interdisciplinary pain management program.

Notes from Carrier

On August 18, 2010, disputed pay for 10 sessions of pain management program.

On June 6, 2008, the patient was seen by M.D. Medications were given to patient, icing instructions and MRI of right shoulder had been ordered.

On June 9, 2008, the patient underwent an MRI of the right shoulder without contrast at. The MRI study revealed osteoarthritis in the acromioclavicular joint and in the glenohumeral joint.

On June 20, 2008, the patient was seen at by M.D. The doctor has seen films of right shoulder and films reveals area that in the critical portion of supraspinatus tendon that could most likely have a rotator cuff tear. Order an intraarticular contrast study with an MRI to prove that this is a full-thickness rotator cuff tear.

A Peer Review from June 25, 2008, from Consulting, by , M.D., noted shoulder sprain/strain.

An arthrogram performed on June 30, 2008, at by, M.D., revealed rotator cuff tear right shoulder.

A radiology report by, M.D., at, revealed a full thickness tear of the supraspinatus tendon anteriorly extending approximately 1.5cm in overall length. There is contrast extravasation into the subacromial subdeltoid bursa as well. Acromion is Type II. There is no definite displaced labral tear or biceps tendon abnormally. There is no fracture or dislocation. There are minimal pseudocystic changes of the lateral humeral head. There are no definite loose bodies identified.

On July 16, 2008, the patient was seen at Institute. Dr. discussed surgical procedure for full- thickness rotator cuff tear.

An adverse determination was performed by D.O., M.S., at on July 25, 2008. On July 29,

2009, Dr. noted that the insurance carrier will not pay for prescribed gel for pain.

A TWCC 73 from August 1, 2008, by Dr., noted the patient off work from August 1, 2008 until September 1, 2008, with restrictions of no use of right arm.

The patient was seen for a follow up visit on August 4, 2008 by Dr.. The patient was referred to Dr., light duty desk only work, return to clinic in two weeks.

On August 7, 2008, by, M. D. with denied surgical intervention for full thickness tear. On August 11,

2008, Dr. examined the patient and records.

A peer review was performed by, M.D., on August 30, 2008.

A TWCC 73 from September 10, 2008, Dr., noted return to work desk work only.

On September 10, 2008, the patient followed up with Dr., working on getting authorization for surgery.

An operation was performed by Dr. on October 2, 2008.

A post op check was performed by Dr. on October 9, 2009. The patient is to attend physical therapy three times per week for four weeks.

On October 10, 2008, the patient began postop physical therapy three times per week for the next four weeks.

A TWCC-73, by Dr. on November 6, 2008, notes the patient off work from November 6, 2008 through December 4, 2008.

The patient was seen at from October 10, 2008 through November 24, 2008, three times per week. The patient is giving good effort, but she cannot tolerate the level of stretching needed to mobilize inferior capsule.

On November 26, 2008, Dr. placed the patient on trial non-steroidal anti-inflammatories and she returned to physical therapy and gradually increased range of motion strength. The patient is to return in 2-3 weeks.

On December 8, 2008, the patient was seen by Dr.. The patient is to continue postop physical therapy. The patient is to return in four weeks.

The patient was seen at on December 17, 2008. The patient is off work until released by physician.

A TWCC-73, by Dr. on January 5, 2009, notes that the patient was taken off work from January 5, 2009 until February 4, 2009.

Range of motion studies of the right shoulder on October 8, 2009, at, demonstrated significant range of motion deficit when compared to the normal. The patient would benefit from continuing in an active rehabilitation program to strengthen weakened muscles and improve range of motion so that the patient may make a safe return to work.

On October 19, 2009, Dr. ordered a needle EMG with Optimum Medical Testing.

The patient was seen by, M.D., for evaluation on October 22, 2009. Take medications as prescribed. Obtain MRI of right shoulder with contrast. The patient is to return in one month.

A TWCC-73 from October 28, 2009, by Dr. notes the patient off work from October 28, 2009 until November 30, 2009.

On October 28, 2009, EMG study of right shoulder by, M.D., at revealed abnormal study the electrodiagnostic evidence is most consistent with a mild median neuropathy affecting the right median sensory nerve at the palm.

The patient followed up with, M.D., on November 23, 2009. Order new MRI. Continue with medications. Return for follow up in 30 days.

On December 7, 2009, URA denied the MRI.

Range of motion testing performed on December 11, 2009, at demonstrated significant range of motion deficit when compared to the normal. The patient would benefit from continuing in an active rehabilitation program to strengthen weakened muscles and improve range of motion so that the patient may make a safe return to work.

Manual Muscle Testing and Range of Motion examinations were performed on December 21, 2009, at

The examinee was seen by Dr. on December 21, 2009. The patient was advised to take medications, return to office in 30 days, and schedule for MRI right shoulder.

The patient underwent a right shoulder arthrogram on January 6, 2010, at by, M.D. The patient is to return to Dr., refer to orthopedic, and return in 3-4 weeks for reevaluation.

The patient was seen by Dr. for a consultation on February 3, 2010. Obtain MRI arthrogram; continue pain management and physical therapy.

The patient was advised by Dr. on February 3, 2010, to continue therapy with Dr., continue medications, follow up with Dr., continue active therapy, and return in 4-6 weeks.

A TWCC-73 from February 21, 2010, by Dr., notes the patient off work from February 3, 2010 through March 15, 2010. The patient is retired as marked on form.

The patient was seen at on February 17, 2010, by Dr.. Continue physical therapy with Dr., repeat MRI of right shoulder, right suprascapular nerve block, medications, and return in two weeks for follow-up evaluation.

Range of Motion & Manual Muscle Test performed on March 5, 2010, at revealed significant range of motion deficits. Continue with active rehabilitation program to strengthen weakened muscles and improve range of motion so the patient may make a safe return to work.

A peer to peer phone conversation was performed on March 25, 2010, with Dr., requesting MRI arthrogram.

An evaluation was performed at on April 12, 2010.

Post arthrogram MRI study of the right shoulder performed on April 19, 2010, at, revealed postsurgical changes with fibrotic scarring. No evidence of rotator cuff tear, labral tear, fracture, dislocation, or ac separation.

An operation was performed on April 19, 2010, by Dr. at.

A TWCC-73 from April 26, 2010, Dr., notes the patient off work from April 26, 2010 through May 27, 2010.

On May 4, 2010, a resumption of physical therapy was made including strength and dynamic type rehab, by Dr..

On May 12, 2010, a request for pre-authorization for initial chronic pain management was made by Dr..

On May 18, 2010, a Functional Capacity Evaluation was performed at. The patient is not able to return to her job. Physical demand is higher than demonstrated in functional testing which places the patient in a high risk category for re-injury and/or exacerbation. She would be a good candidate for a pain management program and she should be accessed in order to confirm this conclusion.

On May 27, 2010, a Mental Health Evaluation by Ph.D., at, recommend ten sessions of interdisciplinary pain management program.

A TWCC-73 from May 28, 2010, by Dr., notes the patient off work from May 27, 2010 through June 22, 2010.

On June 3, 2010 pain management sessions were denied by URA.

On May 25, 2010, Dr. requested pre-authorization for initial chronic pain management.

On June 15, 2010 issued adverse determination to deny work hardening sessions to the right ankle. The report goes on citing ODG for the foot and ankle. The patient's injury was the right shoulder. The report was sent to the correct treating doctor. The patient listed is for the ankle not for the right shoulder.

On June 12, 2010, a Letter of Medical Necessity for chronic pain management program was issued by Dr..

A TWCC-73 by Dr., notes the patient off work from June 25, 2010 through July 20, 201.

On June 28, 2010, the URA denied chronic pain management.

On August 13, 2010 a request for IRO was submitted.

On August 18, 2010, an IRO Summary was performed.

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

According to the ODG the patient is eligible under the criteria set forth.

Outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances.

The patient has a chronic pain syndrome, with evidence of loss of function that persists beyond three months and has evidence of three or more of the following a) excessive dependence on health care providers, spouse, or family. b) secondary physical reconditioning due to disuse and/or fear avoidance of physical activity due to pain; c) withdrawal from social activities or normal contact with others, including work, recreation or other social contacts; d) failure to pursue work, family or recreational needs; e) development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear avoidance, depression, sleep disorders, or nonorganic illness behavior with a reasonable probability to respond to treatment intervention; f) the diagnosis is not primarily a personality disorder or psychological condition without a physical component; g) there is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function.

Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement.

An adequate and thorough multidisciplinary evaluation has been made.

Based upon the guidelines set forth by the ODG and the patient's history, it is opined that she will benefit from chronic pain management program.

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
- 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)