



Specialty Independent Review Organization

DATE OF REVIEW: 11/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a Chronic Pain Management Program 5 x Wk x 4 Wks for the right shoulder (20 sessions).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a Chronic Pain Management Program 5 x Wk x 4 Wks for the right shoulder (20 sessions).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Healthcare WC and Rehabilitation

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Healthcare WC: Denial Letters – 10/4/11 & 10/25/11; Rehab Ctr Request for an Appeal – 10/10/11; Healthcare System Evaluation – 7/25/11; Clinic Physical Performance Exam reports – 9/7/11 & 9/21/11; Neurological Center SOAP Note – 7/6/11, Bilateral Upper Extremity NCV and EMG Study Report – 7/6/11; Metroplex Specialties Office Note – 8/15/11; Examination Findings – 8/4/11; Functional / Physical note – 9/19/11; Work Hardening Program Weekly Goal Sheet – 9/19/11; Medication Contract – 8/25/11; Weekly Psychological Status with Instrument Scores – 8/8/11 – 9/19/11; Chronic Pain Management Program Notes – 8/8/11 – 8/16/11; Mental &

Behavioral Health Consultation & Progress Note – 8/23/11 - 9/13/11; and Medical Ctr Progress Note – 7/11/11 – 7/25/11.

Records reviewed from Rehabilitation: Examination Findings – 9/26/11 – 10/17/11; Mental & Behavioral Health Consultation & Progress Note – 10/5/11; Work Hardening Treatment Plan Weekly Progress notes – 8/23/11 – 10/3/11; Work Hardening Program Weekly Goal Sheet – 9/7/11 - 9/19/11; Work Hardening Program Final Summary Addendum – 10/3/11; Clinic FCE Report – 7/28/11; and PT Work Activities & Postures – 7/28/11.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on the job xx/xx/xx. While pulling on a gate he felt the sudden onset of severe pain in the right shoulder and neck. He received conservative treatment including physical therapy and medications.

On July 6, 2011 M.D. performed EMG and nerve conduction studies and found evidence of ongoing right upper trunk brachial plexus neuropathy, right axillary neuropathy, and mild ulnar neuropathy across the elbow segment. He recommended starting a neuromodulating agent such as gabapentin pregabalin and obtaining an MRI of the brachial plexus.

On an outpatient follow-up visit on July 11, 2011, Dr. noted that the injured worker was no better after physical therapy. The worker had seen an orthopedic surgeon for evaluation. Dr. prescribed modified work activity and recommended referral to a pain management program.

On July 5, 2011 a psychological evaluation was done at Healthcare Systems. Six sessions of individual counseling were recommended by the examiner.

On July 28, 2011 a functional capacity evaluation was performed wherein the worker performed at the PDL of sedentary to light, whereas his job required a heavy PDL. Based upon the findings on the functional capacity evaluation and the elevated psychological test score findings, a recommendation was made for enrollment in a work hardening program.

On August 4, 2011, Dr. noted that the injured worker is not a candidate for cervical injections because he is allergic to steroids.

The worker entered a work hardening program August 23, 2011. A Physical Performance Evaluation was done September 7, 2011 wherein the worker performed at a PDL of Light.

On the work hardening program weekly progress note September 12, 2011 it was noted that the worker was still on lifting restrictions, which limited the amount of lifting that could be performed during the treatment program.

On September 21, 2011 a Physical Performance Evaluation was done and a recommendation was made for referral to a chronic pain management program. On the work hardening program progress note dated October 3, 2011, the physical status of the worker had plateaued and he remained at the sedentary PDL, due to lifting restrictions imposed by the treating doctor.

On September 26, 2011 the worker was evaluated by Dr. who diagnosed cervical sprain/strain with radiculitis (847.0 — 723.4), right shoulder internal derangement (718.91) with likely labral tear and supraspinatus tendinitis (840.3 —726.1), bilateral tardy ulnar neuropathy (354.2), and rule out brachial plexopathy and axillary neuropathy. Dr stated that the worker "is not ready for a CPM program...do not know if his right shoulder has been imaged via MRI; will order one on this date. If it has, will ask for orthopedic consultation to rule out a labral tear which is the clinical impression with which the patient presents. He also possesses bilateral cubital tunnel syndrome more pronounced on the right than on the left. Cannot account for the diagnosis of brachial plexopathy and axillary neuropathy provided by Dr. Clinically, the patient presents with 5/5 wrist extension strength bilaterally and normal reflexes. He has mild decrease in right elbow extension strength as a consequence of right shoulder pain. The patient directs his pain to his posterior superior labium which is consistent with his clinical findings."

On October 17, 2011, Dr. noted that the injured worker's right shoulder range of motion and the strength of his right upper extremity "have improved dramatically over the past 3 weeks. Have never seen this with a brachial plexus neuropathy, which personally I do not believe he possesses, although it is demonstrated electrically. Still believe that clinically the patient presents with a right shoulder and ulnar nerve injury on the right. Have not been able to obtain an MRI of his right shoulder. Based on his clinical improvement, it likely presents with a partial supraspinatus tendon tear versus supraspinatus tendinosis. Due to his improvement, we will at this time recommend participation in a CPM program and once again ask for an MRI of his right shoulder". Dr. prescribed hydrocodone 10/500 mg 1 p.o. q.8-12 h.

DIAGNOSTIC STUDIES

2011/07/06: EMG/NCV of the upper extremities performed by, M.D. were reported to demonstrate right upper trunk brachial plexopathy and right axillary neuropathy.

2011/08/15: MRI of the cervical spine at C3-C4 and C4-05 demonstrated a shallow 2 mm broad-based annular bulge without significant canal or foraminal narrowing.

2011/08/15: MRI of the brachial plexus was reported to show no abnormalities.

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

The injured worker was able to participate in the work hardening program on a limited basis because of lifting restrictions imposed by the treating doctor. Dr. believed that the worker has an injury to the right shoulder and requested an MRI of the shoulder to evaluate for possible rotator cuff injury. Apparently he requested an MRI of the right shoulder but the request was denied. If the shoulder pain is indeed due to a rotator cuff injury, the physical conditioning component of a chronic pain management program may yield limited benefits.

According to the ODG guidelines pertaining to chronic pain management, Chronic pain programs (functional restoration programs), among the criteria for the general use of multidisciplinary pain management programs are the following:

- 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. This should include pertinent validated diagnostic testing that addresses the following: A physical exam that rules out conditions that require treatment prior to initiating the program. All diagnostic procedures necessary to rule OUT treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering if patient is a candidate for a program. The exception is diagnostic procedures that were repeatedly requested and not authorized.
- A chronic pain program should not be considered a "stepping stone" after less intensive programs, but prior participation in a work conditioning or work hardening program does not preclude an opportunity for entering a chronic pain program if otherwise indicated.

The physical examination findings by Dr. raise the question of a labral tear as a cause for the persistent pain and impairment of the right shoulder. Records from the orthopedic surgeon were not submitted for this review. Based upon the records that were made available for this review, an adequate multidisciplinary evaluation has been made (with the possible exception of the shoulder MRI which was requested and not authorized). If there is a labral tear or other derangement of the right shoulder the proposed chronic pain management program may not yield much functional improvement, but the proposed program is "otherwise indicated" because it will permit optimal pain management and thereby should improve the quality of life and maximize the potential for the injured worker to return to work in some capacity.

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)