

SENT VIA EMAIL OR FAX ON
Jan/19/2011

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program X 10 for the right shoulder

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

AADEP Certified

Whole Person Certified

Certified Electrodiagnostic Practitioner

Member of the American of Clinical Neurophysiology

Clinical practice 10+ years in Chiropractic WC WH Therapy

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

OD Guidelines

Denial Letters 11/9/10 and 10/9/10

Behavioral Health 7/7/10 thru 11/22/10, CPMP 11/1/10 and 11/4/10

PPE 10/18/10

FCEs 9/23/10 and 4/5/10

Dr. 8/11/10

BHI2 10/26/10

Dr. 11/11/09 thru 10/27/10

Mental Health Evaluation Guide No Date

Dr. 5/3/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury on xx/xx/xx while working for.

He injured his right shoulder while lifting the hood of a vehicle and felt a sharp “pop” in his right shoulder. He has received x-rays, MRI, physical therapy, interventional pain management, corticosteroid injections, and eventually right shoulder surgery. He was recommended for 10 sessions of chronic pain management by Dr. and LPC. The injured worker is a who is post surgical and diagnosed with mild mood disturbances, anxiety, sleep disorder, vocational concerns. FCE/PPE was performed on 4/05/2010 and 9/23/2010 indicating light PDL. He is currently on hydrocodone 10/500. He has undergone physical therapy and steroid injections. On 10/03/2008 the injured employee underwent right shoulder surgery. Currently he has clinical impressions of frozen shoulder and impingement syndrome with response to conservative care. Psychological testing was performed on 7/72010 with follow-up on 10-29-2010. MMI was assessed on 04/08/2009 at 13% whole person.

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

The injured employee currently does meet the required guidelines for a trial of 10 sessions of chronic pain management. The injured employee has exhausted lower level care and been assessed at MMI 13%. A detailed psychological assessment and testing has been performed. He has loss of function and appears motivated. The injured employee meets the ODG criteria for the general use of multidisciplinary pain management programs list below.

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)