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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80 hours in a CPMP

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Family Practice

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

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male whose date of injury is xx/xx/xx. On this date the patient was hit in the left eye with a towel, which caused immediate burning to the left eye. Designated doctor evaluation dated 01/26/09 indicates that the patient was referred for an ophthalmology evaluation performed on 03/03/09, which reports that there is no reason why this patient should not be in gainful employment. He does have excellent vision and actually has better vision in the left eye with appropriate correction. The eyeglass correction is not a compensable issue, and there is no injury whatsoever that requires assessment of his impairment rating except to say it is 0%. Diagnosis is chemical injury to the left eye. The patient was determined to have reached MMI on 01/26/09 with 0% whole person impairment. Work capacity evaluation dated 04/20/11 indicates that required PDL is heavy and current PDL is medium. Behavioral evaluation dated 04/21/11 indicates that BDI is 29 and BAI is 25. Treatment to date is noted to include rest from work and oral analgesics. Diagnoses are pain disorder and major depression moderate. Initial request for CPMP was non-certified on 05/04/11 noting that no diagnostic reports were submitted for review. There is no indication

that the patient has undergone an updated ophthalmologic evaluation. The patient's date of injury is greater than 24 months old. The denial was upheld on appeal dated 05/19/11 noting that the patient has been recommended for possible curative treatment in the form of a local steroid injection, and therefore previous methods of treating chronic pain have not been exhausted.

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

Based on the clinical information provided, the request for 80 hours in a CPMP is not recommended as medically necessary. The patient sustained a chemical injury to the left eye approximately x years ago. Treatment to date is noted to include activity modification and oral analgesics. Initial ophthalmologic evaluation noted that there is no reason why the patient should not be in gainful employment. He does have excellent vision and actually has better vision in the left eye with appropriate correction. The patient was placed at MMI by a designated doctor as of 01/26/09 with 0% impairment. Work capacity evaluation dated 04/20/11 indicates that required PDL is heavy and current PDL is medium; however, it is unclear how a chemical injury to the eye limits the patient's functional ability to perform work-related activities. The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. The patient's date of injury is approximately x years old, and the Official Disability Guidelines do not recommend chronic pain management programs for patients whose date of injury is greater than 24 months old.

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)