

SENT VIA EMAIL OR FAX ON
Jun/10/2011

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Pain Management 5 X wk X 2 wks (80 hours) Right Shoulder Right Elbow

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

Texas licensed MD board certified in anesthesiology and pain management

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

1. Request for IRO utilization review determination dated 05/04/11
2. Utilization review determination dated 05/19/11
3. Letter of appeal dated 05/12/11
4. Request for services pain management program behavioral health assessment dated 01/21/11
5. MRI right elbow dated 02/28/11
6. MRI right shoulder dated 02/10/11
7. Clinical records Dr. MD
8. Radiographic report right shoulder dated 01/21/11
9. Radiographic report right elbow dated 01/21/11
10. Daily progress notes

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who is reported to have sustained work related injuries on xx/xx/xx. Records indicate that the injured employee was referred to Dr. for additional evaluation of his injury and was returned to work with restrictions. The injured employee was later referred for MRI of the right shoulder and elbow on 02/10/11 or MRI of the right shoulder on 02/10/11 which showed evidence of a focal full thickness tear of the distal supraspinatus at its insertion on the greater tuberosity of the proximal humerus tendinosis of the musculotendinous junction of the distal supraspinatus.

The injured employee was referred for MRI of the right elbow on 02/28/11. This study notes a prominent joint effusion present with no fracture or intraarticular loose body. There's tendinitis and a partial tear of the common extensor tendon with sprain and partial tear of the

radial collateral ligament. Records indicate that the injured employee was treated conservatively and underwent two weeks of physical therapy. He was subsequently then referred for two weeks for work conditioning. It is reported that he had increased pain as a result of the program. He was later seen by Dr. who recommended additional conservative treatment which included a cortisone injection into the right shoulder. A request was placed for a chronic pain management program. On 05/04/11 this request was reviewed by Dr. who notes that the injured employee is being referred after initial course of interdisciplinary pain rehabilitation program with reference to his right shoulder and elbow injuries. Dr. reports that per the reference guidelines there are limited studies about the efficacy of chronic pain programs for shoulder or upper extremity musculoskeletal disorders. He indicates that while it has been reported that lower levels of treatment and intervention have been exhausted including physical therapy and medications work conditioning and injections there is no clear documentation that there is an absence of other options likely to result in significant clinical improvement. He notes that objective response to right shoulder cortisone injection provided on 04/21/11 has not been documented. He notes that there's inadequate effort evidence of efforts at optimization of pain control through pharmacotherapy. As a result the medical necessity for the pain management program was not fully established. A subsequent letter of appeal was submitted on 05/12/11. It is opined that the request is based on medical necessity and not on limited studies. Dr. that the injured employee's deficits require multidisciplinary management approach. She further notes that the injured employee's previous methods of treating chronic pain have been unsuccessful. It's reported that as a result of the cortisone injection performed on 04/21/11 the injured employee experienced an increase in pain and no functional improvement. She further reports that it's evident that pharmacotherapy has failed to treat the injured employee's chronic pain. The appeal request was reviewed by Dr. Dr. conducted a telephonic consultation with. It is reported that the injured employee was not recommended for surgery and they believe that there are some psychological components to the injured employee's pain. No additional documentation was received for review. He notes that the injured employee has imaging evidence of a rotator cuff tendon tear and common extensor tendon tear for the right shoulder and elbow. He notes that there's no indication that the injured employee has been ruled out as a surgical candidate given imaging evidence and failure of conservative treatment. He further notes there's a lack of psychometric testing scores on the psychological evaluation submitted for review. He notes that there is a lack of documentation of conservative care for psychological treatment to include a brief course of individual psychotherapy and/or psychotropic medications. He notes that the clinical documentation provided does not support certification of the request.

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

The request for chronic pain management program five times two weeks for the right shoulder and right elbow is not supported by the submitted clinical information and the previous determinations are upheld. The available records indicate that the injured employee sustained injuries to the right shoulder and right elbow which has resulted in a full thickness tear of the rotator cuff and a tear of the common extensor tendon. The available clinical data has not established that the injured employee is not a surgical candidate and clearly on the basis of imaging studies alone the injured employee has surgically treatable pathology. The records as provided do not indicate that the injured employee has exhausted non-operative and operative treatment. Chronic pain management programs are tertiary level programs after both conservative and operative treatment have been exhausted. Based upon the submitted clinical records the injured employee is not a candidate for this program at this time and the previous determinations are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES