SENT VIA EMAIL OR FAX ON
Jun/01/2011

IRO Express Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jun/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Chronic Pain Management program 5 x wk x 2 wks

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Texas licensed MD board certified anesthesiology and pain management

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
OD Guidelines
1. Utilization review determination dated 04/12/11
2. Utilization review determination dated 04/29/11
3. Request for IRO
4. Independent reviews organization summary dated 05/18/11
5. Employer's first report of injury or illness dated 12/17/07
6. DWC form PLN-11s
7. Clinical records PAC
8. DWC form 73s
9. Clinical records Dr.
10. Clinical records Dr.
11. MRI left shoulder dated 11/03/08
12. Procedure report intraarticular injection dated 11/03/08
13. Clinical records PAC
14. Clinical records Dr.
15. Operative report dated 12/22/08
16. Inpatient medical records
17. Clinical records Dr.
18. Behavioral health medicine consultation dated 07/20/10
19. IRO determination dated 10/06/10
20. Work hardening program notes functional capacity evaluation dated 12/20/10

21. Request for 10 day trial of chronic pain management program dated 04/07/11
22. Functional capacity evaluation dated 03/02/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a XX year old female who is reported to have sustained work related injuries to her shoulder on XX/XX/XX. She is noted to have been employed at the time. She is X'X" tall and weighs XXX lbs. On the date of injury she presents with complaints of left shoulder pain occasionally radiating down the left upper extremity as a result of pulling on Carousel that holds plastic bags. She subsequently felt discomfort in her left shoulder. She did not feel a pop. She had some weakness in her arms. She subsequently sought treatment from PA-C on 12/21/XX and was diagnosed with left shoulder strain. The records would indicate the injured employee apparently failed to improve with conservative treatment and was seen by Dr. who referred the injured employee for MRI of left shoulder on 11/03/08. This study shows evidence of SLAP lesion with associated paralabral cyst in the spinoglenoid notch. The injured employee was ultimately taken to surgery on 12/22/08. She was noted to have continued pain and dysfunction. Recommendation was made for the injured employee to receive 6 sessions of individual psychotherapy which was not approved under utilization review. This ultimately went to IRO on 10/06/10, and the previous determinations were upheld. The reviewers noted that the injured employee's BDI and BAI were minimal and as such would not require any individual psychotherapy per ODG guidelines.

The injured employee subsequently came under the care of Dr.. In clinic note dated 12/01/07 Dr. indicated the injured employee is interested in entering work hardening program. She subsequently is found to have reduced shoulder range of motion and is recommended to participate in a work hardening program.

On 12/20/10 the injured employee underwent a functional capacity evaluation which notes the injured employee did not specifically meet the physical requirements of her job. She was subsequently recommended to participate in a five day work conditioning program.

On 03/02/11 the injured employee underwent a second functional capacity evaluation which indicates that her current physical demand level is light and her pre injury physical demand level is medium. It's noted that the injured employee does not have a job to return to. The injured employee was subsequently recommended to participate in a chronic pain management program five times a week times two weeks. The initial evaluation was performed by PhD. She notes that there is a request for CPMP and the injured employee is currently taking Vicodin. The injured employee has previously been release to return to work on light duty levels. She notes the injured employee's current physical demand level is light with a required physical demand level of medium. She notes that the injured employee has not had any psychological care and her pain level has remained the same but her self-reported scores of depression anxiety and sleep disturbance as well as her BDI have increased. She reports it is unclear why the injured employee could not have attempted to return to work in some capacity.

The appeal request Dr. notes that Dr. has allowed the injured employee to return to modified duty with numerous restrictions many of which have nothing to do with the use of her left shoulder and no justification of a 10 minute break every two hours. She reports that the functional capacity evaluation results demonstrate functionality in excess of the modified duty restrictions. She further reports that the diagnosis of adhesive capsulitis is not supported. She notes the amount of Vicodin being taken is not documented. Individual psychotherapy previously requested in 2010 was denied x 2 and at IRO. She notes reconsideration paper work reflects the intent to reduce depressive symptoms from 1 to 1 and anxiety symptoms from 1 to 1. It is reported that the claimant was able to torso lift to 63 lbs, arm lift to 32, and near high of 45.8. Lift and carry was 20 lbs. There was no change in heart rate. On the basis of this data, Dr. upholds the previous denial.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

The request for chronic pain management program 5 times a week for 2 weeks is not supported by the submitted clinical information. The available medical records indicate the claimant sustained a left shoulder injury ultimately leading to surgical intervention. Postoperatively the claimant continues to have left shoulder pain. During the course of her treatment, she was referred for psychiatric treatment which showed minimal levels of depression and anxiety. She continues to have subjective reports of left shoulder dysfunction which are not wholly validated by previous functional capacity evaluations. She is noted to be capable of performing at a light physical demand level, and there is no data to indicate the claimant could not have returned to some other occupation with work restrictions. Most recent functional capacity evaluation demonstrates the claimant has a capability to most likely work at medium physical demand level. The record does not contain any information regarding the claimant's current medication use. There is no apparent plan to return the claimant back to work. Based on the totality of the clinical information, the request for CPMP 5x2 is deemed not medically necessary and the previous utilization review determinations are upheld.

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)