

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program x 10 Sessions

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

MD, Board Certified Physical Medicine & Rehabilitation
Board Certified 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

Official Disability Guidelines, Pain Chapter
Physician advisor report dated 02/15/11, 03/15/11
Request for review by an IRO dated 04/12/11
Medical records Dr., 6/14/10-4/12/11
Appeal letter dated 03/07/11
Request for preauthorization dated 01/21/11
Behavioral medicine evaluation dated 12/28/10
Physical assessment evaluation and treatment plan dated 01/04/11, 10/11/10, 09/20/10, 08/20/10, 07/14/10, 06/17/10
CPMP physical therapy goals dated 01/21/11
CPMP weekly schedule, undated
Functional capacity evaluation dated 02/03/11
MRI of the right shoulder dated 09/09/10
MRI of the right wrist dated 07/16/10
EMG/NCV dated 06/24/10
Physical performance evaluation dated 09/21/10, 08/25/10, 07/19/10, 06/16/10
Radiographic report dated 07/15/10, 06/14/10
IRO dated 11/29/10
Team Conference Notes, 7/20/10-12/6/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was on the elevator and as she was getting off, the door closed and she got her right arm caught and tried pulling to get it out. EMG/NCV dated 06/24/10 revealed findings related to bilateral median nerve entrapment neuropathy (CTS). MRI of the right wrist dated 07/16/10 revealed evidence suggesting minimal TFC trauma, minimal ligamentous trauma with edematous change involving the lunate-triquetral and dorsal intercarpal ligaments. There is no definite evidence for avascular necrosis or fracture. PPE dated 07/19/10 indicates that the patient has had 3 PT sessions. MRI of the right shoulder dated 09/09/10 revealed an intact supraspinatus tendon without full thickness tear or musculature retraction. Behavioral medicine evaluation dated 12/28/10 indicates that treatment to date includes diagnostic testing, physical therapy, whirlpool bath, EMS unit, topical analgesic and moist heat pad. Current medications include Ibuprofen 600 mg bid, Zanaflex 2 mg qhs, and Zoloft 50 mg qd. According to Behavioral Medicine Evaluation dated 12/28/10, "the patient responded to MMPI-2 items in an unusual manner. She claimed an unrealistic amount of virtue while also endorsing a great number of psychological difficulties, and her approach was somewhat inconsistent."

BDI is 46 and BAI is 51. Diagnoses are major depressive disorder, single episode, moderate; and pain disorder associated with both psychological factors and a general medical condition. Functional capacity evaluation dated 02/03/11 indicates that current PDL is sedentary and required PDL is sedentary-light.

Initial request for CPMP was non-certified on 02/15/11 noting that Dr. reported that the patient seemed to have a tendency to over report and he did not feel that she was as depressed or anxious as the Becks demonstrated. It is not clear how this patient is at a sedentary PDL and could not perform most of her job duties with a job requiring sedentary/light PDL. There is little clarification about why she has not made improvements in her treatment to date, and her presentation is apparently conflicting with her self-report of symptoms. She is not taking narcotic medications, and it is not clear what she has taken to date. The denial was upheld on appeal, dated 03/15/11 noting that the request is inconsistent with the requirements that an "adequate and thorough evaluation" was provided and that "negative predictors of success are addressed". There is no physical examination that rules out conditions that require treatment prior to initiating the program. Obesity (5'6", 304 lbs, BMI=49.1) is not addressed in the treatment plan. There is no readily identifiable physical pathology that would explain the claimant's ongoing symptoms. It remains unclear why such an extensive interdisciplinary treatment program would be needed for an individual who reportedly had returned to work and does not use narcotics and there is no readily identifiable physical pathology.

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

There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. The patient's psychological evaluation revealed exceedingly high Beck scales, which are of questionable validity, and MMPI profile is noted to be invalid. There is no readily identifiable physical pathology to substantiate the claim that this patient could not return to work at a sedentary-light level. Given the current clinical data, the reviewer finds there is no medical necessity at this time for Chronic Pain Management Program x 10 Sessions.

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)