

# US Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/13/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient chronic pain management program (CPMP) for ten (10) days as related to the right middle finger

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

MD, Psychiatrist  
Board Certified by the American Board of Psychiatry and Neurology

**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**

**PATIENT CLINICAL HISTORY SUMMARY**

The patient sustained a work-related injury on xx/xx/xx when his right middle finger was crushed by wooden planks that he and another employee were carrying. He returned to work on 02/15/2010 with Tylenol and work restrictions. On 04/21/2010 an MRI of the finger revealed soft tissue edema with no evidence of fracture, dislocation, or tendon/ligamentous disruption. On 04/30/2010 he underwent right middle finger revision amputation, flap reconstruction, nail bed reconstruction, debridement of tissue necrosis and removal of exposed distal phalangeal bone. He had some physical therapy and 4 sessions of individual psychotherapy. He eventually completed 20 full day sessions of CPMP with improvement. However, the treatment team then requested an additional 10 days of treatment. This request was denied initially and again on appeal as not being medically necessary. It was noted that ODG only authorizes up to a maximum of 20 full day sessions. Additional treatment requires a clear rationale for the specified extension and reasonable goals to be achieved. The reviewer felt that it is not clear that the additional 10 days of treatment will produce measurable change that will impact the claimant's functional outcome at this time. He is expected to be well versed in a home exercise program, self-symptom management and psychological techniques to control residual symptoms at this time. The treatment team's response was that the patient has a rather complex injury requiring more significant intervention than typically. He has progressed from medium PDL and is now assessed as heavy PDL. He has also decreased his narcotic usage from twice a day to 2 per week.

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

This patient has already received the recommended amount of CPMP authorized by ODG. The rationale for continued treatment is simply that this patient's injury is "rather complex". This is not adequate justification for the exception to the guidelines that is being requested. The patient has also returned to heavy PDL. The reviewer finds Outpatient chronic pain management program (CPMP) for ten (10) days as related to the right middle finger is not medically necessary.

**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)