

SENT VIA EMAIL OR FAX ON
May/25/2011

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/23/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Pain Management 5 X wk X 2 wks 4 hours a day for total of 40 hours

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Certified by the American Board of Psychiatry and Neurology with additional qualifications in Child and Adolescent Psychiatry

Licensed by the Texas State Board of Medical Examiners

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 is a woman who was injured at work on xx/xx/xx. She suffered a work injury performing her duties as a. She reports pain to both arms due to repetitive movement. She has already been approved and has completed 10 sessions of CPMP. A request is pending for an additional 40 hours of treatment. The records reveal that after the program she has improved range of motion in the right and left wrist and her wrist ranges of motion are fairly normal. She has made mild improvements in activity duration. She has made improvements

in activities of daily living, including increased sitting and standing tolerances. Her pain level has slightly reduced from 5 to 4/10. Her sleep patterns have improved. She has decreased medication use to include Skelaxin and Indocin. Her GAF score improved by 5 points, from 60 to 65. Her BDI score was significantly reduced from 37 to 6 and BAI reduced from 31 to 26. Goals include continuing to decrease anxiety scores and improving functional abilities. The reviewer denied the request as not being medically necessary.

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

ODG states that "Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains." This patient seems to easily fulfill these criteria. The treatment team feels that she can continue to improve with an additional 40 hours of treatment. When one considers that the patient has been injured for xx months, this improvement seems quite remarkable. Additionally, given the patient's young age of xx, it seems that 40 hours of treatment to possibly restore her to full employment, hopefully for several decades, is quite a good investment, and certainly 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)