

SENT VIA EMAIL OR FAX ON
May/03/2011

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of Chronic Pain Management X 10 sessions (right shoulder)

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

Board Certified Chiropractic Examiner

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. Cover sheet and working documents
2. Utilization review determination dated 03/21/11, 04/13/11
3. Request for reconsideration dated 03/31/11, 10/18/10
4. Request for services dated 02/14/11, 09/14/10
5. Physical performance evaluation dated 03/08/11, 08/05/10
6. Operative report dated 12/22/10, 12/06/09
7. Request for medical dispute resolution dated 04/27/11
8. Medical records Dr.
9. Medical records Dr.
10. Initial interview dated 07/07/10
11. Handwritten progress notes
12. Addendum dated 05/03/10
13. Radiographic report dated 12/06/09, 12/04/09
14. CT of the abdomen and pelvis dated 12/04/09
15. Discharge summary dated 12/07/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was on top of a forklift when the driver crushed the patient's right shoulder and thumb between the forklift and the ceiling of the trailer. The patient sustained right humeral fracture, right thumb fracture and left pelvic contusion. The patient underwent intramedullary nailing of the right humeral shaft fracture on 12/06/09. Note dated 05/03/10 indicates that the patient has a large inguinal hernia; however, there is no mention of a hernia on physical examination, and it is more likely than not that the hernia pre-existed the accident and probably was aggravated by it. Initial interview dated 07/07/10 indicates that treatment to date includes diagnostic

testing, physical therapy, chiropractic care, TENS unit, surgery, work hardening, work conditioning, aquatic therapy and medication management. BDI is 0 and BAI is 12. Diagnoses are adjustment disorder with mixed anxiety and depressed mood, and pain disorder. Functional capacity evaluation dated 08/05/10 indicates that required PDL is heavy, and the patient's PDL is sedentary to light. The patient subsequently completed a course of individual psychotherapy with only minimal progress noted. On 09/14/10 BDI is 9 and BAI is 4. The patient underwent repair of incarcerated left inguinal hernia with onlay polypropylene mesh on 12/22/10. Psychological evaluation dated 02/14/11 indicates that BDI is 1 and BAI is 7. Physical performance evaluation dated 03/08/11 indicates that the patient's current PDL is sedentary.

Initial request for chronic pain management x 10 sessions was non-certified on 03/21/11 noting the minimal psych scores on evaluation dated 02/14/11. The denial was upheld on appeal dated 04/13/11 noting that there is no clear evidence that previous methods of treating chronic pain have been unsuccessful; an adequate and thorough multidisciplinary evaluation has been made; a treatment plan has been presented with specifics for treatment of identified problems; that there is an absence of other options likely to result in significant clinical improvement; the patient has motivation to change; and is willing to change their medication regimen including decreasing or actually weaning substances known for dependence; and negative predictors of success have been identified.

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

Based on the clinical information provided, the request for 80 hours of chronic pain management x 10 sessions (right shoulder) is not recommended as medically necessary, and the two previous denials are upheld. The psychological evaluation dated 02/14/11 indicates that the patient underwent a course of individual psychotherapy, and BDI is 1 and BAI is 7. The patient does not present with significant psychological indicators to support participation in a multidisciplinary pain management program. Additionally, the submitted records indicate that the patient has undergone both work conditioning and work hardening in the past. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program and state that chronic pain program should not be considered a "stepping stone" after less intensive programs. Given the current clinical data, the requested chronic pain management program is not indicated as medically necessary, and the two previous denials are upheld.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES