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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Work Hardening 5 X wk X 2 wks Right Shoulder / Cervical

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

Chiropractor

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. Request for IRO dated 08/24/11
2. Clinical records
3. Procedure report dated 05/20/10
4. Functional capacity evaluation dated 10/05/10
5. Work hardening program treatment records
6. health evaluation Mr. dated 05/16/11
7. health evaluation dated 10/12/10
8. Physical performance evaluation dated 06/20/11
9. Letter of appeal, D.C. dated 06/30/11
10. Clinic note Dr. dated 07/01/11
11. Radiographic report cervical spine dated 07/01/11
12. Clinical records Dr. dated 07/09/11
13. Utilization review determination dated 06/27/11
14. Utilization review determination dated 08/01/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female who is reported to have sustained work related injuries on xx/xx/xxxx. It is reported on the date of injury she was operating a trailer which rolled on passenger side. She was extricated from cab and transported to local ER by EMS. She reported constantly moderately severe pain in neck area as well as right shoulder pain. She subsequently came under the care of Dr. She was provided physical therapy. She is treated with oral medications and received intraarticular corticosteroid injection on 05/20/10. On 10/05/10 she underwent functional capacity evaluation. She was noted to have achieved a medium physical demand level and requires a very heavy physical demand level.

On 10/12/10 the claimant was referred for psychological evaluation to determine appropriateness of work conditioning or work hardening. Treatment at this point included physical therapy, injections in the neck x 1, injections in shoulder x 1, and current medications include Lortab 10/500 4-6 per day, Norflex 100 mg 6-8 per day. Her BDI is 18, BAI is 14. She is opined to have chronic pain syndrome with symptoms of anxiety and depression. She was recommended to undergo an interdisciplinary chronic pain management program. Records indicate the claimant participated in work hardening program which was initiated on 06/07/11. She attended 4-5 days in first two weeks of program. Her BDI was 17 decreased to 12. Her BAI was 6 and decreased to 2. Her GAF remained constant. Her work level remained unchanged. There was no significant increase in capacity or substantive increase in work tolerance.

On 06/20/11 the claimant underwent a physical performance evaluation. It is noted the claimant's pretest heart rate was 84 beats per min, post test was 89. She is reported to have floor to waist lift of 90 lbs, waist to shoulder 55, shoulder to overhead 40. She was able to push and pull 320 lbs and carry 40 lbs.

On 06/27/11 the initial review was performed by Dr. Dr. notes the claimant made progress after 10 days of work hardening; however, she continues to have limitations in muscle strength, endurance, isometric strength, and ability to tolerate work activities, subjective deficits with activities of daily living, work and leisure activities, reaching overhead, pushing and pulling and pain without all range of motion. She reported the medical records submitted for review did not provide objective documentation regarding specific defined return to work job or goal plan that has been established, communicated and documented. Clarification is needed as to whether or not pain management or work hardening is being requested since 06/21/11 note implies both. She further noted that only two days of logs were submitted for review and all 10 days were needed to determine compliance with program outcomes. She subsequently non-certified the request.

On 06/30/11 the record contains letter of appeal for additional sessions of work hardening program.

On 07/01/11 the claimant was seen by Dr. She has complaints of neck pain radiating and right shoulder pain. She is noted to be 5'8" tall and weighs 245 lbs. She is in no apparent distress. She can stand on toes and heels without difficulty. She has 5/5 strength and positive Spurling's sign, decreased range of motion of cervical spine. MRI is reported to show disc protrusions at C5-6 and C6-7 which includes right paracentral disc herniation at C6-7. She was recommended to have physical therapy for neck and provided neurostimulator. Radiographs show normal appearing disc spaces.

On 07/09/11 the claimant was seen in follow-up by Dr.

On 08/01/11 the appeal request was reviewed by Dr. Dr. notes the documentation submitted for review elaborates the claimant completed first segment of work hardening program. He notes no documentation was submitted for review regarding patient's objective functional improvements to include range of motion, strength, endurance, and reduction in pain medications at completion of initial segment. Given the lack of documentation regarding the claimant's significant objective functional improvements, the request does not meet guidelines and is subsequently non-certified.

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

The request for additional work hardening 5 x 2 for right shoulder and cervical spine is not supported by the submitted clinical information. Of note, the work hardening program weekly progress notes do not show any significant improvements in functional abilities. She was noted initially to be capable of carrying 40 lbs which she was able to complete at end of week 2. Floor to knuckle was 90 lbs which remained unchanged through week 2. Knuckle to shoulder was 40 lbs which was increased by 15 lbs. Shoulder to overhead showed modest improvement from 20-40 lbs. Sitting, standing and walking tolerance was only mildly

improved. Other measurements including crate lift and carry showed negligible changes. As such, there does not appear to be sufficient data to establish the claimant was making significant improvements, and upon completion of 10 additional days would meet very heavy physical demand level. Based on the clinical information provided, the request is non-certified and 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

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)