



Notice of Independent Review Decision

DATE OF REVIEW: 12/19/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program 5 x Week x 2 Weeks

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

Board Certified in Physical Medicine & Rehabilitation

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Chronic Pain Management Program 5 x Week x 2 Weeks – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Left Wrist MRI, Preferred Open MRI, 04/28/10

- Radiographic Report, Radiology and Consulting, 05/12/10
- Left Wrist MRI, Imaging, 02/05/11
- Left Wrist Arthrogram, Imaging, 03/29/11
- Left Wrist MRI – Post Arthrogram, Imaging, 03/29/11
- Operative Report, M.D., 04/18/11
- Clinical Update, Solutions Counseling Services, 09/05/11, 09/26/11, 10/28/11
- Electrodiagnostic Study, Healthcare, 10/10/11
- Physical Performance Evaluation (PPE), Healthcare, 10/25/11
- Evaluation, M.D., 11/01/11
- Pre-Authorization, , D.C., 11/01/11
- Denial Letter, 11/07/11, 11/15/11
- Correspondence, D.C., 11/15/11
- Correspondence, Hand Surgery Center, 12/07/11
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The records available for review document that on the date of injury, the patient was employed as a. She developed a difficulty with pain in the left wrist when she went to remove a row of k when the weight shifted. This event caused her to twist the left wrist region in an effort to prevent the chickens from falling onto the ground.

A left wrist MRI accomplished on 04/28/10 showed evidence for a non-specific joint effusion in the distal radial ulnar joint and evidence of a border line joint effusion in the radiocarpal joint with increased signal intensity within the extensor carpi ulnaris tendon concerning for tendinosis or, less likely, a partial tear.

Left wrist x-rays, obtained on 05/12/10, were described as “normal.”

A left wrist MRI was obtained on 02/05/11. The study showed findings consistent with no evidence of fracture. The triangular fibrocartilage disc was noted to grossly intact at the radial attachment in its midportion. There was trace non-specific fluid within the distal radial ulnar joint compartment. It was indicated that it was not possible to totally exclude subtle tearing or a sprain within the proximal ulnar attachment of the triangular fibrocartilage disc. Additionally, there was evidence for a subtle increased intrasubstance signal within the extensor carpi ulnaris tendon compatible with a tendinopathy versus a mild healing intrasubstance strain.

A left wrist MRI/arthrogram was accomplished on 03/29/11. The study showed findings suspicious for a tear of the triangular fibrocartilage complex at the ulnar attachment. It was documented that the scapholunate ligament was intact. There was no evidence of an occult fracture.

It is documented that surgery was performed on 04/18/11 to the left wrist. The surgery was performed by Dr.. The surgery consisted of a left wrist arthroscopy with a triangular fibrocartilage complex repair.

The patient received an evaluation with Solutions Counseling Services on 09/05/11. It was documented that she was on the following prescription medications: Hydrocodone, naproxen, citalopram, and temazepam. There was documentation of psychomotor retardation in her movements. It was documented that she had received access to treatment in the form of a work hardening program. It was documented that she was with issues referable to a fear of injury with a high pain level. It was documented that there were limited coping skills with respect to management of pain symptoms.

An electrodiagnostic assessment of the left upper extremity was accomplished on 10/10/11. The study revealed findings consistent with mild evidence of a median neuropathy at the wrist.

A PPE was conducted on 10/25/11. This assessment disclosed that there was the ability to perform sedentary to light category work activities. It was recommended that the patient receive access to treatment in the form of a comprehensive pain management program.

The patient received an assessment at Solutions Counseling Services on 10/28/11. It was documented that she was on the following prescription medications for management of pain symptoms: Hydrocodone, naproxen, temazepam, and citalopram. It was documented she had received past treatment in the form of a work hardening program. It was recommended she receive access to treatment in the form of a comprehensive pain management program.

A handwritten document was available for review, dated 12/07/11. The document, from Dr. indicated that there were no plans for the claimant to receive any additional treatment in the form of surgical intervention to the left upper extremity.

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

Based upon the records available for review, it would not appear that medical treatment in the form of a comprehensive pain management program would be considered a medical necessity in this specific case. The Official Disability Guidelines do indicate that there are negative predictors with respect to consideration of treatment in the form of a comprehensive pain management program. The records available for review do not provide any documentation to indicate if there is a definitive occupation for the patient to return to. As such, there would appear to be a concern with respect to a negative relationship with respect to the employer. Additionally, there was documented evidence of elevated pre-treatment levels of pain. It would appear that treatment in the form of a work hardening program did not significantly improve functional capabilities. There

would thus appear to be issues of concern with respect to poor work adjustment. It is documented that previous treatment included access to treatment in the form of a return-to-work program; a work hardening program. Despite undergoing such an extensive program, it would not appear that there was any significant improvement in functional capabilities and/or a decrease in pain symptoms. Additionally, the records available for review would appear to indicate that there is a negative outlook with respect to future employment, which would be considered a negative predictor of benefit with respect to participation in a comprehensive pain management program.

In conclusion, in this particular case, there would not appear to be a medical necessity for treatment in the form of a comprehensive pain management program as there does appear to be negative barriers to recovery with regard to consideration of treatment in the form of a comprehensive pain management program.

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

- ACOEM - AMERICAN 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)**
- AMA GUIDES 5TH EDITION**