

SENT VIA EMAIL OR FAX ON
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jun/04/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
80 hours of work conditioning for a spider bite / pubic area

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

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
Request for IRO 05/21/12
Utilization review determination 05/14/12
Utilization review determination 05/24/12
Clinical records Dr. 11/04/11 and 11/07/11
Discharge summary Medical Center
Clinical note Dr. 11/03/11
Medical report Dr. 02/03/12
Peer review 04/03/12
Subsequent medical report 04/18/12
Functional capacity evaluation 04/18/12
Request for reconsideration 04/16/12
Perspective review response 05/22/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who alleges that while working as a he was bitten by something in the lower abdominal area above the penis. He had been cleaning rooms with spider webs. He was initially evaluated in the emergency department of Medical Center. This data indicates that the claimant was diagnosed with a boil and underwent an incision and drainage procedure and was provided narcotic medication. On 11/03/11 the claimant was seen by Dr.. he notes that the claimant was seen for an abscess on the pubic area. He was seen at the Medical Center and had a bedside incision and drainage. He was started on Bactrim, Vicodin and naproxen. It is reported that the incision and drainage did not successfully drain a good amount of pus. Cultures were performed in the emergency department and the presumed preliminary results indicate beta hemolytic strep group B. He is further noted to be a newly diagnosed diabetic and has very uncontrolled hypertriglyceridemia. He has been started on Metformin and Lopid. On physical examination he is 5'8" tall and weighs 202 pounds. He is reported to be in distress secondary to pain. On inspection there is a wound in the pubic area 1-2cm above the base of the penis with a depth of 1cm and drainage. Current medications include clindamycin. A repeat incision and drainage was performed at this visit.

On 11/04/11 the claimant was seen by Dr.. He presents for initial visit for an insect bite to the genital region. He is noted to have a .5cm open wound to the pubic symphysis. Packing was removed and cleaned. There is minimal drainage. It was subsequently repacked with gauze. The claimant was subsequently seen in follow-up on 11/07/11. He has less pain in the area. The incision and draining site is healing slowly. He is noted to have less purulent discharge.

On 02/03/12 the claimant was seen by Dr. It is reported that on the date of injury the claimant was cleaning spider webs while at work when he felt a prick in his private area. he started feeling a throbbing pain. He went to the west room restroom and saw a big knot in his private area and realized that he had a spider bite. He was seen at the Hospital where they drained the wound. He reports being prescribed medications and was discharged. He was later seen by Dr. who cleaned the wound and packed it with gauze. It is reported that the claimant is status post a hearing on 01/24/12. He was referred for functional capacity evaluation which was performed on this date. This showed him at a light to medium physical demand level. His required physical demand level is reported to be heavy.

On 04/03/12 a peer review was performed by Dr.. Dr. opines that the claimant is suffering from ordinary disease of life and that the alleged spider bite is in fact an abscess which would be consistent with his medical history of diabetes. He notes that the presentation is clearly inconsistent with known arthropod bites. The claimant was subsequently recommended to participate in a work conditioning program.

The initial review was performed on 05/14/12 by Dr. DC. A peer to peer was conducted with Dr. . Dr. non-certified the request noting that the functional capacity evaluation provided showed sub maximal effort and therefore the claimant's true physical abilities are not clearly documented. The functional deficits outlined in the evaluation are not consistent with the injury. He notes that the likelihood of a spider bite producing global whole body deficits in functional testing is unlikely.

A subsequent letter of appeal was submitted by Dr., DC on 05/16/12. Dr. describes the work-conditioning program.

The appeal request was reviewed by Dr.. A peer to peer was again conducted with Dr.. He reports agreeing with the previous reviewer. He reports after reviewing the documentation he would agree with the previous reviewer. He notes that the alleged injury would not have resulted in global deconditioning. Further, that the functional capacity evaluation reports the claimant functioning at a medium capacity and his job requires a heavy. He notes that there is not a significant mismatch and that simply returning to unrestricted work would provide an excellent conditioning program.

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

The request for 80 hours of work conditioning for spider bite in the pubic area is not supported as medically necessary. The claimant is alleged to have sustained an arthropod bite which has never been validated. Most likely this represents an abscess given that beta hemolytic strep was identified as the pathogen. The insect bite itself would not cause global deconditioning throughout the claimant's body. The claimant would potentially have had functional limitations in bending and squatting given the location of the surgical intervention. Further, it would be noted that the causative agent would not result in global deconditioning to other body parts. The functional capacity evaluation does not support that the claimant gave a reliable and reproducible effort. Therefore, based on the totality of the clinical information, the request cannot be supported as medically necessary and the prior 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)