

SENT VIA EMAIL OR FAX ON  
Mar/19/2012

# Applied Resolutions LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/19/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Work Hardening 5 X 2 80 hours Right Shoulder, Right Calf, foot, ankle

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

PM&R and Pain Medicine

**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

Cover sheet and working documents

Utilization review determination dated 12/22/11, 01/12/12

Preauthorization request dated 12/19/11

Reconsideration dated 01/06/12

Patient report of work duties dated 12/14/11

job description and essential functions for agent

PPE dated 10/20/11

Work hardening plan and goals of treatment dated 12/05/11

Initial behavioral medicine consultation dated 12/05/11

Handwritten note dated 12/14/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient tripped over a stationary object on the floor. To brace her fall, she reached out to try and catch herself and jammed her right shoulder on the floor. PPE dated 10/20/11 indicates that current PDL is sedentary and required PDL is medium. Initial behavioral medicine consultation dated 12/05/11 indicates that treatment to date includes physical therapy and right shoulder surgery on 03/29/11. Medications are listed as Hydrocodone, Flexeril, Naproxen, Voltaren gel and Azor. BDI is 54 and BAI is 48. Diagnoses are pain disorder associated with both psychological factors and a general medical condition; and major depressive disorder, single episode, severe without psychotic features.

Initial request for work hardening 5 x 2 was non-certified on 12/22/11 noting that there is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. It is unclear how many sessions of postoperative physical therapy the claimant has completed to date, and there is no documentation of improvement followed by plateau. The patient's Beck scales are exceedingly high, which calls into question the validity of testing. There is no indication that the claimant has undergone any psychometric testing with validity measures to assess the validity of the patient's subjective complaints. Reconsideration dated 01/06/12 indicates that they agree that a psychotropic consult is necessary and faxed this request to patient's treating doctor. She will be scheduled for a consult. The denial was upheld on appeal dated 01/12/12 noting that the claimant's Beck Depression and Anxiety Inventories are elevated. There is no indication that she has been treated with individual psychotherapy or psychotropic medications. The claimant has not undergone any psychological testing to validate her complaints.

**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 work hardening 5 x 2 80 hours right shoulder, right calf, foot, ankle is not recommended as medically necessary, and the two previous denials are upheld. The two previous denials note that the patient's Beck scales are elevated; however, there is no indication that the patient has undergone any psychometric testing with validity measures. There is no indication that this has been addressed or that the patient has been referred for additional testing. There is no operative report submitted for review and no postoperative treatment records were provided to document that the patient has undergone an adequate trial of physical therapy with improvement followed by plateau as required by the Official Disability Guidelines.

**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)