

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

additional forty hours of a Functional Restoration Program for the left shoulder

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

M.D., Board Certified Physical Medicine and 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Utilization review determination dated 01/13/12, 12/15/11

Request for approval of functional restoration program no date

Appeal letter dated 01/04/12

Progress note dated 12/12/11

Office note dated 12/02/11, 11/11/11, 10/07/11, 09/14/11, , 09/07/11, 03/11/11, 03/18/11, 01/25/12

Reconsideration letter dated 10/21/11

Peer review report dated 01/11/12, 12/14/11

Override letter dated 01/25/12

Letter from patient (in Spanish) dated 01/25/12

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting 80 lb luggage and felt sudden onset of anterior shoulder pain. Office visit note dated 09/14/11 indicates that the patient has completed a work conditioning equivalent program at PRIDE. The patient is only able to test at a sedentary PDL, but requires medium/heavy PDL. BDI is noted to be 19. Office note dated 12/02/11 indicates that the patient has not had diagnostic testing or therapeutic procedures. The patient has completed 8 of 10 functional restoration program sessions. He is currently functioning at a medium physical demand level. Progress note dated 12/12/11 indicates that the patient has demonstrated compliance with the treatment program. Pain level decreased from 9 to 4-8/10. Starting medication was Hydrocodone, and current medications are Cymbalta, Seroquel, Hydrocodone and Lyrica. The patient has decreased use of Hydrocodone from 30 mg/day to 7.5 mg/day. GAF increased from 47 to 57.

Initial request for additional forty hours of functional restoration program was non-certified on 12/15/11 noting that the patient had 10 prior sessions of functional restoration program without sustained functional improvement. He should be progressed to an independent home exercise program focusing on stretching/strengthening and use of hot/cold packs for pain/spasms. Guidelines do not support functional restoration program more than two weeks. There is no indication of a complication to recovery, co-morbidity, or extenuating clinical circumstances that would support continued functional restoration program. The denial was upheld on appeal dated 01/13/12 noting that the patient has completed 10 sessions to date and is still taking Vicodin ES. He still has medium pain levels and is deteriorating from a psychological perspective. He would be well suited to a home exercise program that he could implement several times a day. His medication use can be monitored by his physician in that setting.

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

The patient has completed 10 sessions of functional restoration program to date without documentation of significant functional improvement. There is no updated physical examination or functional capacity evaluation provided to establish the patient's objective, functional response to the program to date. The patient appears to be deteriorating from a psychological perspective. Current evidence based guidelines support up to 160 hours of functional restoration program with evidence of objective, functional improvement. Given the current clinical data, the reviewer finds the requested additional forty hours of a Functional Restoration Program for the left shoulder are not indicated as medically necessary.

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)