

SENT VIA EMAIL OR FAX ON
Mar/21/2012

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/21/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

80 hours of chronic pain management

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

Board Certified Chiropractic Examiner

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

Operative report for manipulation under anesthesia, arthroscopic debridement, and subacromial decompression dated 05/31/11

Clinical records 07/22/11, 10/10/11,

Functional capacity evaluation dated 10/10/11

Subsequent medical report workers compensation 10/21/11

Psychological evaluation dated 10/25/11

Functional capacity evaluation dated 01/27/12

Request for services dated 02/14/12

Utilization review determination dated 02/22/12

Request for reconsideration dated 02/27/12

Utilization review determination dated 02/29/12

Request for medical dispute resolution dated 03/14/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who has history of right humeral fracture and right thumb fracture secondary to work related injury on xx/xx/xx. The claimant subsequently underwent ORIF on 12/06/09. He subsequently was taken to surgery on 05/31/11 by at which time manipulation under anesthesia, arthroscopic debridement and subacromial decompression was performed. He received 18 sessions of postoperative physical therapy. He is noted to have undergone 6 sessions of individual psychotherapy. He has continued complaints of right shoulder pain.

Records indicate the claimant underwent functional capacity evaluation on 10/10/11 which indicated the claimant was at light physical demand level. A repeat functional capacity evaluation was performed on 01/27/12. According to this report the claimant put forth maximum effort and found to be at light to medium physical demand level. The claimant was subsequently referred for evaluation for participation in a chronic pain management program. At this time it was noted that BDI score was 11 within minimal range, and BAI was 8, again in the minimal to mild range. He was noted to exhibit high level of fear avoidance. It is noted his current medications include Tylenol 650 mg, Ibuprofen 400 mg and Voltaren gel.

The initial review was performed by non-certified the request. He notes the claimant's psychiatric values are minimal. A telephonic consultation was performed and it was noted the claimant responded well to IT and medication issues were not a problem. He subsequently non-certified the request due to low psych values, lack of evidence of significant opioid use.

A subsequent request for reconsideration was submitted on 02/27/12. It was reported the claimant has exhausted lower levels of care and no additional procedures.

The subsequent appeal request was reviewed by on 03/05/12. Peer to peer occurred and he subsequently non-certified the request noting the psychological assessment does not reveal any significant psychosocial issues other than fear avoidance at work. There's no indication of continued use of prescription pain medications and his functional capabilities are such that he should be able to return to work modified duty.

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

The request for 80 hours of chronic pain management program was not supported as medically necessary. The submitted clinical records indicate that the claimant sustained a fracture to the humerus and ultimately required ORIF. Post-operatively the claimant developed an adhesive capsulitis and subsequently underwent manipulation under anesthesia with a subacromial decompression and arthroscopic debridement. Post-operatively the claimant underwent another 18 sessions of physical therapy and has continued complaints of right shoulder pain. He was referred for functional capacity evaluation which indicated he was capable of working at a light physical demand level and was later referred for individual psychotherapy. Despite this he had continued complaints of pain in the shoulder. He was referred for evaluation for a chronic pain management program in which his Beck depression inventory and Beck anxiety inventories are minimal. There's no indication from these results that the claimant would require any additional psychiatric or behavioral treatment. Additionally it is noted that the claimant is on essentially over the counter medications. He is not taking prescription opiate medications for pain, and as such there is no need for structured weaning program. Based upon the totality of the clinical information, medical necessity has not been established for participation in chronic pain management program, and therefore 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES