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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 05/11/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Eighty hours of a chronic pain management program for the right wrist

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Hand Surgery

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.

Eighty hours of a chronic pain management program for the right wrist - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY

On xx/xx/xx, examined the patient. She had received conservative treatment and continued with right wrist pain rated at 8/10. Range of motion was full on examination and Phalen's and Tinel's were negative. The diagnosis was tenosynovitis of the right hand and wrist. Physical therapy was recommended and Motrin was prescribed. An MRI was also recommended. On 03/18/10, noted an MRI revealed pisotriquetral synovial cyst. On 03/18/10, performed an injection into the right wrist. Continued physical therapy was recommended. Therapy was recommended three times a week for two weeks on 04/09/10 by. On 04/08/10, reevaluated the patient. Continued therapy was recommended. An FCE was obtained on 12/01/10 and revealed the patient was functioning in the sedentary PDL and her previous occupation required the heavy PDL. performed a behavioral evaluation on 12/01/10 and 10 sessions of a chronic pain management program were recommended. On 01/21/11, requested 80 hours of a chronic pain management program and on 01/31/11, he provided a request for reconsideration. The patient underwent another FCE on 03/08/12 that indicated she was still performing in the sedentary PDL. It was noted she could not complete all the protocols due to severe pain in the right hand/wrist. Ms. performed another behavioral evaluation on 03/08/12. Ten sessions of a chronic pain management program were again recommended. provided a preauthorization request on 03/16/12 for 80 hours of a chronic pain management program, as the final phase of her treatment. on behalf of provided an utilization review determination on 03/22/12, denying the requested 80 hours of a chronic pain management program for the right wrist. provided a request for reconsideration for the 80 hours of a chronic pain management program on 03/28/12. On 04/05/12, also on behalf of provided an appeal of the adverse determination, upholding the original denial of the 80 hours of a chronic pain management program for the right wrist. addressed a letter to Professional Associates discussing the patient's case and discussing the medical necessity of the requested chronic pain management program.

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

This patient has had a reasonable amount of conservative treatment at this point without any improvement in any of her functional parameters. In addition, I actually find it difficult to determine exactly what the diagnosis is. The only diagnosis that I saw was a general diagnosis for hand and wrist tenosynovitis. I saw that there was a request for a de Quervain's release, but it is not clear if it was authorized or certified, but it was never done. I do not see any other objective documentation of de Quervain's tenosynovitis based on the documentation provided at this time. There is no objective documentation provided regarding the injections she received or her clinical response to those injections. There is no documentation of significant pathology in the wrist or hand to account for her continued pain and she has had extended disability for more than 24 months. Furthermore, a specific job the patient has to return to following the pain program is not provided. Therefore, the requested 80 hours of

a chronic pain management program for the right wrist is not reasonable or necessary and the previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE
- 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)