

# Applied Assessments LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Sep/25/2012

**IRO CASE #:**

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

Functional restoration program X 80 hours

**A 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Cover sheet and working documents

Utilization review determination dated 07/25/12, 08/13/12

Request for approval of functional restoration program

Office visit note dated 07/13/12, 7/11/12, 06/29/12, 06/13/12, 05/04/12, 04/25/12, 08/01/12, 08/15/12

Reconsideration letter dated 05/18/12, 08/01/12, 08/15/12

Functional capacity evaluation dated 05/04/12, 08/02/12

Letter from patient

Letter dated 09/05/12

Mental health evaluation dated 05/18/12

IRO dated 06/27/12

Peer review dated 02/17/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male. On this date the patient was pushing a cart stacked with boxes when he felt a warm, sharp pain in the left shoulder. Peer review indicates that treatment to date includes activity modification, medication management, MRI left shoulder, physical therapy, subacromial steroid injection on 08/26/11, and left shoulder arthroscopy on 12/21/11. The compensable injury was a left shoulder sprain-strain which resulted in aggravation of several pre-existing shoulder conditions. The patient's current symptoms are not a direct and natural result of the compensable injury. The direct effects of a shoulder strain injury have resolved; the indirect aggravation of other shoulder conditions have not. Functional capacity evaluation dated 05/04/12 indicates that required PDL is medium/heavy and current PDL is sedentary. Mental health evaluation dated 05/18/12 indicates that current medication is Zipsor. BDI is 1 and IDS is 6. Diagnosis is pain disorder. Recheck office assessment indicates that the patient continues to complain of left shoulder pain. Current medications are Ultram and Ibuprofen. A previous request for work conditioning equivalent was denied on initial, appeal and IRO level reviews.

Initial request for functional restoration program x 80 hours was non-certified on 07/25/12 noting that there is no evidence of significant psychosocial issues or abnormal psychometrics of clinical relevance. Follow up note dated 08/01/12 indicates that BDI is now 28. He was given Tylenol #3, ibuprofen and Cymbalta. Functional capacity evaluation dated 08/02/12 indicates that current PDL is sedentary. The denial was upheld on appeal dated 08/13/12 noting that based on the conversation with the provider, it appears the requestor may be recommending a chronic pain program; however, the current request is submitted as a functional restoration program with code 97799-unlisted. Additional supervised rehabilitation services may need to be considered in an effort to enhance functional abilities and address pain management issues. However, there does not appear to be a correlation with respect to the submitted request and the submitted description/code for the requested services.

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

Based on the clinical information provided, the request for functional restoration program x 80 hours is not recommended as medically necessary, and the two previous denials are upheld. There is conflicting information regarding the patient's current psychological status provided. The initial mental health evaluation dated 05/18/12 indicates that BDI is 1 and IDS is 6. The evaluation fails to document any significant psychosocial issues or abnormal psychometrics of clinical relevance. Upon initial denial of functional restoration program due to lack of significant psychosocial issues, the patient underwent another BDI on 08/01/12 with a score of 28. It is unclear how the patient's BDI increased from 1 to 28 without any intervening circumstances. The patient now presents with depression in the moderate range, yet there is no indication that the patient has undergone a course of individual psychotherapy to address this new finding of depression. Given the current clinical data, the requested functional restoration program is not indicated as medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**