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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/05/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening 5 X wk X 2 wks Cervical/L Shoulder

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
Notification of reconsideration determination 07/30/12
Notification of adverse determination 07/16/12
Request for preauthorization 07/17/12 work hardening appeal
Evaluation for functional lift assessment 07/10/12
Work hardening prescription 07/06/12
Request for preauthorization 07/10/12
Physical therapy reexamination addendum 04/30/12
Physical therapy prescription 04/28/12
Request for preauthorization 05/10/12
History and physical
Outpatient visit

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male. Records indicate he was injured. He complains his left arm goes numb and left pinky finger feels like it is totally numb. The patient has been treated with occupational therapy and cervical epidural steroid injection. Evaluation of functional lift assessment on 07/10/12 reported 4+/5 weakness in left shoulder external rotator and 4+/5 weakness in left thumb extension. It was noted the claimant continued to have left sided cervical, upper trapezius, shoulder girdle and left upper extremity pain. The claimant reported no feeling in little finger and tingling sensation in thumb, middle and ring fingers.

The claimant feels he has lost some range of motion in shoulder since he was last in physical therapy, but there has been no change in pain levels.

A request for work hardening 5 times a week x 2 weeks to cervical / left shoulder was non-certified as medically necessary per review dated 07/16/12. It was noted physical therapy evaluation dated 06/10/12 reported the claimant complained of pain to left cervical paraspinal area, shoulder girdle, and left upper extremity associated numbness in little finger and tingling sensation at his thumb, middle and ring fingers. Range of motion of cervical spine was 72 degrees flexion, 50 degrees extension, 29 degrees right sided bending, and 48 degrees left sided bending. Muscle strength was full except left shoulder external rotators and thumb extensors 4+/5. Left shoulder range of motion was 155 degrees flexion, 123 degrees abduction, 70 degrees external rotation, and 55 degrees internal rotation. Maximum lift assessment reported floor to knuckle lift 60 lbs, 12 inch to knuckle lift 60 lbs, knuckle to shoulder lift 55 lbs and shoulder to overhead lift 60 lbs with subjective pain report of 6/10. It was noted there was no comprehensive clinical history including review of systems and screen for comorbid conditions. There is no interview with mental health provider to determine if the claimant has attitudinal and/or behavioral issues. Functional capacity evaluation had required occupation PDC level not provided. There was no specific defined return to work goal or job agreed to by employer and employee. It was noted that although the claimant had 24 sessions of physical therapy, progress reports to determine if the claimant had improvement followed by plateau were not submitted for review. As such, medical necessity cannot be substantiated.

A reconsideration request for work hardening 5 times a week for 2 weeks cervical / left shoulder was non-certified per review dated 07/30/12 noting previous request was non-certified due to lack of physician assessment and supporting documentation per reference guideline criteria. Updated documentation was unable to address the foregoing issues. There is still no recent physical assessment including detailed intervening history and comprehensive physical and neurologic examination to assess the necessity of the requested service. It was unclear if the claimant is not a candidate for surgery, injections or other treatment would be warranted to improve function. Moreover, serial physical therapy progress reports from previously rendered sessions were not submitted for review to provide objective documentation of claimant's functional response to those treatments. Per referenced guidelines there should be documentation of adequate trial of active physical rehabilitation with improvements followed by plateau, with evidence of no likely benefit from continuation of previous treatment. Recent functional capacity evaluation including physical demand analysis was not submitted for review to determine the claimant's current physical and vocational status with evidence of gap between current functional capacity and job physical requirements. A psychological evaluation was likewise not provided to demonstrate if the claimant has attitudinal or behavioral issues that can be appropriately addressed in work hardening program and provide evidence there are no psychological or significant pain behaviors that should be addressed in other types of programs or would likely prevent successful participation and return to employment after completion of work hardening program. It is further noted the claimant has diabetes mellitus and is currently on insulin; however, the status of the condition cannot be verified from records submitted for review. It was also noted there should be documentation the claimant's medication regimen will not prohibit him from returning to work (claimant is currently taking Hydrocodone with no current urine drug screen). Also specific return to work plan agreed to by employer and employee was not documented.

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 work hardening 5 times a week x 2 weeks for cervical spine / left shoulder is not supported as medically necessary. The claimant is noted to have sustained an injury. Records indicate the claimant completed 24 visits of therapy, but no serial physical therapy progress reports were submitted for review documenting initial progress and subsequent plateau in response to treatment. There is also no psychological evaluation indicating the claimant to be an appropriate candidate for

multidisciplinary work hardening program. Also, a detailed functional capacity evaluation and job description indicated current physical demand level and job requirements likewise were not provided. Given the current clinical data, the request does not meet ODG criteria for work hardening, and the proposed treatment plan is not recommended 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)