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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/28/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: cognitive rehabilitation program-80 hours/units

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and Rehabilitation 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. It is the opinion of the reviewer that the request for a cognitive rehabilitation program-80 hours/units is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Physical performance evaluation dated 02/10/13

Neuropsychological evaluation dated 03/27/13

Operative report dated 05/03/13

Physical performance evaluation dated 07/10/13

Daily progress report dated 07/25/13

Wound center notes dated 08/05/13, 08/21/13, & 09/04/13

Daily progress note dated 08/06/13

Physical performance evaluation dated 08/12/13

MRI of the left wrist dated 09/10/13

Clinical note dated 09/11/13

Clinical note dated 08/28/13

Previous adverse determinations dated 09/04/13 & 09/24/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury regarding his left upper extremity, head, and teeth on xx/xx/xx. The physical performance evaluation dated 02/10/13 indicates the patient no longer employed secondary to the head injury. The patient stated that he had a slip and fall and fell to the ground. The patient was noted to be unable to perform his regular job duties. The neuropsychological evaluation dated 03/27/13 indicates the patient having complaints of notable anxiety and depression. The patient was noted to have ongoing complaints of headaches, a dizzy feeling, slowed thinking, and an increase in fatigue. The patient was noted to have scored below normal on the performance and validity measurement suggesting a higher than normal probability of a poor effort. Therefore, the note does mention the clinical evidence presented in the report

may be invalid. The patient was referred for additional medical interventions including a referral to a clinical neurologist and to a psychiatrist. The operative report dated 05/03/13 indicates the patient undergoing an open reduction internal fixation of a fracture at the left middle finger. The patient was also noted to have undergone a repair of a radial collateral ligament at the left middle finger as well. The physical performance evaluation dated 07/10/13 indicates the patient being recommended for continued care. The patient was further recommended for an outpatient medical rehabilitation program with a focus on increasing strength, stability, coordination, and proprioception.

The daily progress note dated 08/06/13 indicates the patient having completed 64 of an 80 hour program of cognitive behavioral therapy. The note does mention the patient continuing with complaints of headache related pain. The patient required significant redirection. The patient was also noted to have demonstrated a slow processing speed. The progress note dated 08/28/13 indicates the patient stating that he had lost consciousness during the initial injury but was unaware of the length of time he was unconscious. The note mentions the patient maintaining a 3/10 score for headache pain, a mild increase of irritability, increase in muscle tension, increase in nervousness and depression, as well as sleep problems. The patient was noted to have shown an improvement with his neurocognitive symptoms to include improvements with problem solving, speech and language deficits, concentration, memory issues, as well as behavioral issues.

The previous utilization review dated 09/04/13 resulted in a denial for an additional 80 hours of a cognitive behavioral program as the records failed to document significant progress.

The utilization review dated 09/24/13 resulted in a denial for an additional 80 hours of cognitive rehabilitation as significant progress was not noted in the documentation.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation submitted for review elaborates the patient having completed an initial cognitive behavioral program. Additional cognitive rehabilitation for up to 80 hours would be indicated provided the patient meets specific criteria to include an objective functional improvement noted through the initial course of treatment. The progress notes indicate the patient showing a failure to improve with the patient's complaints of headaches, irritability, frustration, muscle tension, depression, and nervousness which showed increases. Additionally, the patient's sleep issues were noted to have increased as well. Given the clinical findings indicating a lack of significant progress manifested by objective functional improvements, the request for an additional cognitive rehabilitation program for 80 hours does not meet guideline recommendations. As such, it is the opinion of the reviewer that the request for a cognitive rehabilitation program-80 hours/units 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)