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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/4/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPMP x 10 days

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

PM&R

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

Utilization review determination dated 08/21/13, 09/18/13

Office note dated 12/19/12, 01/18/13, 02/22/13, 03/22/13, 04/24/13, 05/24/13, 08/27/13, 11/02/12, 11/30/12, 01/28/13, 01/07/13, 12/17/13,

MMI/IR evaluation dated 06/10/13

Radiographic report dated 01/18/13, 03/22/13

Response to denial letter dated 09/13/13

Patient treatment goals and objectives dated 08/12/13

Initial diagnostic screening dated 08/12/13

BHI-2 patient profile dated 07/23/13

Functional capacity evaluation dated 05/28/13

Operative report dated 02/07/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx or xx/xx/xx (there is conflicting information provided). Per note dated 11/02/12, the patient had a subacromial decompression distal clavicle excision as well as superior labral tear. Postoperatively he continued to have problems, but released him saying there was nothing else he could do. The patient underwent a subsequent procedure on 01/13/11. The note states that performed an apparent ulnar shortening approximately 2 months ago (08/20/12). The patient underwent left arthroscopic TFCC repair and lunotriquetral debridement on 02/07/13. Functional

capacity evaluation dated 05/28/13 indicates that the patient is pending another surgery to the left shoulder to repair a torn rotator cuff. MMI/IR evaluation dated 06/10/13 indicates that the patient reached maximum medical improvement as of 05/28/13 with 5% whole person impairment. Diagnostic evaluation dated 08/12/13 indicates that the patient has completed 12 sessions of individual psychotherapy. Medications are listed as Tylenol 3, ibuprofen, tramadol, Norco, Lidoderm patch, valium and Prilosec OTC. BDI is 10 and BAI is 15. Diagnoses are pain disorder associated with both psychological factors and a general medical condition; and adjustment disorder unspecified.

Initial request for CPMP x 10 days was non-certified on 08/21/13 noting that the clinical notes do detail the claimant having been recommended for a surgical intervention. It is unclear at this time if the claimant has completed all surgical procedures addressing the left upper extremity complaints. Given that no information was submitted regarding the claimant's completion of all additional treatments, this request does not meet guideline recommendations. Response to denial letter dated 09/13/13 indicates that state that the patient will not require any further surgeries and/or major diagnostics for his work injuries. The denial was upheld on appeal dated 09/18/13 noting that the reviewer is unable to determine from the medical records an exam from the orthopedic surgeon regarding the claimant's last surgery, and what he thinks is the cause of the claimant's pain. It is unclear if the patient has been evaluated for complex regional pain syndrome as he has had two surgeries to the left arm.

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

First, some clarification is needed regarding the patient's date of injury. There are submitted records that report the date of injury as xx/xx/xx and other records report the date of injury is xx/xx/xx. The Official Disability Guidelines do not generally support chronic pain management programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. The patient presents with only mild depression and anxiety, as evidenced by Beck scales on diagnostic interview dated 08/12/13. As noted by the previous reviewer, it is unclear if the patient has been evaluated for complex regional pain syndrome. As such, it is the opinion of the reviewer that the request for CPMP x 10 days is not recommended 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