

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/28/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work Hardening for the Cervical Spine and Right Shoulder 80 hours (10 sessions)

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
Clinical note dated 11/07/12
Initial behavioral assessment dated 11/07/12
Physical performance evaluation dated 11/09/12
Preauthorization request dated 11/16/12
Previous utilization review dated 11/16/12 and 11/29/12
Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding his neck and right shoulder due to repetitive straining. The clinical note dated 11/07/12 details the patient stating it initially occurred when he was removing tubing with hammer and screw driver with repetitive motion. The note details the patient stating he developed pain in the right shoulder with inability to lift right arm. The note details the patient undergoing a right sided rotator cuff surgery in 08/12. The patient continued with complaints of pain and difficulty raising arm over his head. The note details the patient receiving physical therapy. The note details the patient utilizing Pravachol, Flexeril, Naproxen, Lisinopril and Tramadol as part of medication regimen. Upon exam the patient was able to abduct the right shoulder to 270 degrees with sudden give way weakness. Tenderness was noted over the deltoid and supraspinatus and spinal region. The patient demonstrated limited external rotation with associated extreme pain and giving way weakness. Similar results were noted with internal rotation with give way weakness and

limitations. The behavioral medicine assessment dated 11/07/12 revealed the patient scored 15 on BDI-II and 12 on BAI, 41 on FABQ-W and 19 on FABQ-PA. Physical performance evaluation dated 11/09/12 details the patient continuing with complaints of right shoulder pain and weakness. The patient rated the pain at 9/10. The note details the patient not currently working but was eligible to reapply for previous position. The preauthorization request dated 11/16/12 detailed the patient able to perform at medium physical demand level whereas his job requires heavy physical demand level. The note details the patient complaining of difficulty with sleep as the patient stated he was able to sleep approximately 3 hours per night. The note details the patient completing 33 sessions of physical therapy to date. No additional surgical interventions would be recommended for the patient at that time.

The previous utilization review dated 11/16/12 resulted in denial secondary to limited evidence supporting a multidisciplinary treatment approach, including a work hardening program for the neck and shoulder; a lack of clinical information regarding the patient fully exhausting all conservative measures specifically related to the neck and shoulder. The previous utilization review dated 11/29/12 resulted in denial secondary to a lack of clinical information regarding psychometric instruments being inadequate to elucidate the clinical problems; a lack of clinical information regarding substantive behavior analysis, including notable pain behaviors not being fully assessed.

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

The request for work hardening for the cervical spine and right shoulder totaling 80 hours and 10 sessions is non-certified. The clinical documentation provided for review notes the patient complaining of ongoing right shoulder pain with associated weakness, particularly with external and internal rotation. The Official Disability Guidelines recommend a work hardening program provided that a number of criteria are met, including exhaustion of all conservative measures. The patient is noted to have significant findings revealed on the FABQ-W, and FABQ-PA exams. There is a lack of clinical information regarding previous completion of the significant psychological symptomology. Additionally, the patient is noted to have ongoing complaints of pain in the right shoulder that were manifested by significant pain being demonstrated with internal and external rotation testing. It is unclear if the patient has undergone a completion of all conservative measures regarding the right shoulder complaints to include injection therapy. Furthermore, the specific request involves complaints of the cervical region pain; however, there is a lack of clinical information regarding functional deficits specifically related to the cervical region. Given the lack of clinical information regarding completion of all conservative measures and taking into account the lack of objective functional deficits related to the cervical spine, this request does not meet guideline recommendations. As such, the clinical documentation provided for review does not support this request at this time.

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