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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/3/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPMP x 80 hours/Units-Outpatient; left shoulder

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

Board Certified PM&R

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. Treatment to date includes physical rehab x 14, individual psychotherapy x 6, work hardening x 10 days and chronic pain management program x 80 hours. PPE dated 08/15/13 indicates that required PDL is very heavy and current PDL is light. PPE dated 01/07/14 indicates that current PDL is light. Reassessment for chronic pain management program continuation dated 01/14/14 indicates that FABQ-W remains 36 and FABQ-PA decreased from 15 to 6. BAI decreased from 10 to 5 and BDI from 10 to 2. Pain level decreased from 6/10 to 4/10. Current medications are listed as Esgic, Flexeril, Naproxen, Proventil, Topamax, Toprol and Venlafaxine.

Initial request for CPMP x 80 hours was non-certified on 01/20/14 noting that per telephonic consultation, the patient has been authorized for 80 hours of the program to date. The patient's physical demand level remains light. The patient has also completed 10 days of a work hardening program. The Official Disability Guidelines support ongoing chronic pain management program only with evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. Given that the patient has completed 10 days of a work hardening program as well as 80 hours of a chronic pain management program and her current physical demand level remains light, efficacy of treatment is not established, and the request for continued chronic pain management program is not medically necessary. Reconsideration dated 01/29/14 indicates that she

improved in her coping skills and has less fear avoidance about physical activity. The denial was upheld on appeal dated 02/03/14 noting that the claimant has not had any objective signs of improvement with past work program and CPMP. There is persistent deficits and narcotic usage. There is light duty status on functional capacity evaluation. Therefore, without evidence of objective signs of improvement, the additional CPMP is not supported per evidence based guidelines.

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

The patient sustained injuries in xx/xxxx and has completed 10 days of a work hardening program as well as 80 hours of a chronic pain management program. The Official Disability Guidelines Pain Chapter notes that treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. The submitted records fail to provide evidence of significant subjective and objective gains. The patient's physical demand level is unchanged at light. FABQ-W remains 36. As such, it is the opinion of the reviewer that the request for CPMP x 80 hours/units-outpatient, left shoulder 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