

True Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine And Rehab

Description of the service or services in dispute:

80 hours of chronic pain management

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)

Patient Clinical History (Summary)

The patient is a female whose date of injury is xx/xx/xx. On this date she was x a metal pipe and the pipe fell on her right hand. Her hand was pinned and she sustained a cut on the right hand. Note dated 06/05/14 indicates that she received stitches to the wound and was subsequently returned to work. She followed up in February 2014 due to numbness and cramping of the hand. She stopped working in April 2014. Diagnoses are listed as crush injury of the right hand, right wrist sprain/strain, right hand sprain/strain and healed wound of the right hand. EMG/NCV dated 08/02/14 revealed evidence of early right carpal tunnel syndrome. Physical examination on 02/25/15 notes that the patient is 7 months pregnant. Examination of the right wrist revealed tenderness of the wrist joint upon palpation. Right wrist range of motion is decreased with pain. Phalen's and Finkelstein's are positive. It is noted that the carrier is only accepting right hand laceration as compensable injury. Treatment to date includes physical therapy and medication management. Behavioral evaluation dated 12/22/14 indicates that BDI is 23 and BAI is 11. Diagnoses are pain disorder associated with both psychological factors and a general medical condition and major depression moderate. Functional capacity evaluation dated 12/22/14 indicates that required PDL is heavy and current PDL is sedentary.

The initial request for 80 hours of chronic pain management was non-certified on 01/09/15 noting that the records submitted do not contain a current PT evaluation for this patient. Detailed response to previous conservative therapy was not specified. Per the doctor's note dated 01/06/15, patient has chronic pain with psychological factors including major depression. This is a negative predictor of efficacy of treatment with the program as well as a negative predictor for completion of the program for this patient. Request for reconsideration dated 01/14/15 indicates that she does not have the pain and stress management skills necessary to adequately function in the presence of constant pain. The denial was upheld on appeal dated 01/21/15 noting that the patient is not using any medications. The negative predictors of success such as her significant depression, anxiety and her willingness and motivation to attend the program have not been addressed.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program as required by the Official Disability Guidelines. The patient has been treated with physical therapy and medication management. There is no indication that injection therapy has been trialed. There is some indication that the patient is a surgical candidate, but this is being postponed due to her pregnancy. The patient presents with a diagnosis of major depression; however, there is no indication that the patient has undergone a course of individual psychotherapy. Negative predictors of success have not been adequately addressed. As such, it is the opinion of the reviewer that the request for 80 hours of chronic pain management 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 and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor

- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

