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DATE OF REVIEW: 11/02/2015

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Functional Restoration Program 80 hours.

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

M.D. Board Certified in Occupational Medicine and Urgent Care.

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)

PATIENT CLINICAL HISTORY [SUMMARY]

The claimant is an employee who filed a claim for chronic hand and wrist pain reportedly associated with injury from XX/XX/XX. Thus far, the claimant has been treated with the following: Analgesic medications; earlier first dorsal compartment release surgery of xxxx; transfer of care to and from various providers in various specialties; splinting; and unspecified amounts of physical therapy over the course of the claim.

In a Utilization Review report dated xxxx, the claims administrator failed to approve a request for a functional restoration program. The claims administrated cited an xxxx progress note suggesting that the claimant was significantly improved.

The treating provider and the claimant seemingly appealed further. In a Utilization Review report dated xxxx, the initial denial was upheld. Progress notes of xxxxx and xxxxx were referenced in the determination.

In an appeal letter dated xxxxxx, the facility appealed the previously denied functional restoration program. The treating provider stated that the claimant desired to return back to her previous employment. The treating provider did not state, however, whether the claimant had a job to return to or not. The treating provider contended that the claimant tested within the sedentary physical demand level (PDL) but that her job requirements required performance within the medium physical demand level (PDL). The claimant was described as having completed physical therapy. A multidisciplinary treatment program was sought. The claimant was described as having issues with depression and mental health dysfunction resulting in Global Assessment of Function (GAF) of 61, with moderate anxiety and fear avoidance present. It was stated that the claimant had completed a work hardening program prior to the functional restoration program being sought.

In an evaluation dated xxxxx, it was acknowledged that the claimant denied "any prior psychiatric or psychological evaluation or treatment." The claimant was described as having issues with an adjustment disorder and anxiety which were impacting and delaying her recovery. The treating provider contended that the claimant did have a job to return to as she



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denied having been terminated by her former employer.

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

Per ODG references, the requested "Functional Restoration Program 80 hours" is not medically necessary. As noted in ODG's Chronic Pain Chapter Chronic Pain Programs topic, one of the primary criteria for pursuit of a chronic pain program for functional restoration include evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Here, however, multiple progress notes or letters, referenced above, including those dated xxxxxxx and xxxxx both contended that the claimant had developed significant mental health issues with depression, anxiety, fear avoidance, adjustment disorder, dramatization of symptoms, etc., resulting in a Global Assessment of Function (GAF) of 61. It did appear, thus, that the claimant had significant mental health issues present at this point. The treating provider reported on xxxx, however, that the claimant had not received any mental health treatment such as psychological counseling or psychotropic medications. It appeared, thus, that there were in fact other viable options which have not been explored prior to the request for the functional restoration program being initiated. ODG's Chronic Pain Chapter Chronic Pain Programs topic further notes that reenrollment or repetition of the same or similar program is not generally warranted for the same condition or injury and further notes that a chronic pain program should not be considered a stepping stone after less intensive programs. Here, the claimant was described as having completed a previous work hardening program on xxxxxx. The treating provider did not outline why said work hardening program was unsuccessful and did not, furthermore, state how the chronic pain program at issue could prove successful when the prior session of work hardening program had failed. Therefore, the request is not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- 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