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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of Chronic Pain Management Program (CPMP)

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

Diplomate, American Board of Physical Medicine and Rehabilitation and Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female, who worked XX was injured on XX/XX/XX, while moving a XX and experienced sharp pain in her left upper arm.

On XX/XX/XX, magnetic resonance imaging (MRI) of the left shoulder was obtained for work-related shoulder injury and pain. This showed small area of abnormal signal in the distal supraspinatus intersubstance tearing and full-thickness rotator cuff tear. Fluid about the biceps tendon may be due to tendinosis and moderate acromioclavicular osteoarthritis.

On XX/XX/XX, XX/XX/XX, XX saw the patient for after one course of work conditioning at ergo rehab. The pain level was 3/10. She reported overall her symptoms had decreased. The numbness, tingling and weakness had decreased. Ongoing medications were Norco, Flexeril, Verapamil, Maxide, Wellbutrin and gabapentin. X-rays of the shoulder dated XX/XX/XX was were negative for fracture or dislocation. On XX/XX/XX, the patient had received injection in the shoulder. On XX/XX/XX work conditioning program (WCP) was suggested. The patient had completed 10 sessions of WCP from XX/XX/XX-XX/XX/XX She was able to lift 45 pounds but carry only 35 pounds. Her job required lifting/carrying up to 50 pounds. The patient was recommended continuing another five sessions of WCP in order to return to full duty work safely and efficiently. XX prescribed Flexeril, Celebrex and Tramadol and follow-up with orthopedist on XX/XX/XX until after impairment rating (IR) and pain management program had been scheduled.

On XX/XX/XX, the patient was seen in a follow-up. She complained of upper extremity pain rated at rated at 0-3/10. Physical examination showed painful range of motion (ROM) of the left shoulder. There was decreased abduction of the left shoulder noted. The patient was recommended pain group therapy 10 sessions to adjust to pain in a non-medical management way. The patient was advised for follow-up in as needed basis.

On XX/XX/XX, the patient was seen in a Behavioral Evaluation. It was noted that the pain resulting from her injury had severely impacted normal functioning physically. The patient reported frustration and anger related to the pain and pain behavior. The patient would benefit from a course of pain management to help the patient to address the current problems of coping, adjusting and returning to a higher level of functioning as possible.

On XX/XX/XX, in a functional capacity evaluation (FCE), the patient demonstrated ability to perform in the medium physical demand level (PDL).

On XX/XX/XX, XX noted continued upper extremity pain. The patient had been taking muscle relaxants, but still having pain. He recommended 10 sessions of pain group therapy.

On XX/XX/XX, a Preauthorization request for CPMP was made.

On XX/XX/XX, XX performed a peer review and denied the request for CPMP. Rationale: *"There is no formal evaluation for a pain program to verify her functional capacity evaluation results, psychological testing results, or physician summary of her care thus far to even consider a pain program. More importantly, the pt is taking no significant medication and she has only had physical therapy thus far, so she does not even appear to be a candidate for a pain program. Therefore, 10 sessions of CPMP are not medically necessary."*

On XX/XX/XX, XX appealed for the non-authorization for CPMP.

On XX/XX/XX XX performed a peer review and opined that the request for 10 sessions of CPMP was not certified.

On XX/XX/XX, per correspondence, another physician had performed a reconsideration review and had upheld the original non-certification of CPMP. Rationale: *"Disability means your work-related injury prevents you from getting or keeping employment at pre-injury wage levels. "The carrier only accepted a soft tissue sprain/strain of the left shoulder. The findings on the MRI scan performed on XX/XX/XX, were pre-existing, degenerative, and would not be causally related to the work-related event. Based upon the documentation provided for review, it was noted the injured employee had significant hypertension and diabetes. These are also pre-existing conditions that were present prior to the date of XX/XX/XX, and would have no causal relationship to that work-related event. No findings on the M3T scan would have been causally related to the work injury of XX/XX/XX. There was fluid noted around the biceps tendon that might be due tendinosis and moderate acromioclavicular osteoarthritis. This would demonstrate pre-existing, degenerative changes and would have no causal relationship to the XX/XX/XX, work-related event. Reportedly, there was a small area of an abnormal signal in the distal supraspinatus tendon that might represent intersubstance tearing, but there was no full-thickness rotator cuff tear identified. There was no indication on the MM scan of a rotator RE cuff tear. There was a pre-existing, degenerative finding and would not have causal relationship to the alleged work-related event of XX/XX/XX."*

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

Patient has significant limitation of function and ROM from work related injury. Although the underlying rotator cuff injury was not accepted by the carrier, the overlying trauma with an underlying basis of rotator cuff tear warrants additional care/treatment. Thus, the CMP program is medically necessary and consistent with ODG guidelines.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES