

Applied Resolutions LLC
Notice of Independent Review Decision

Case Number: XX

Date of Notice: 3/4/2019 2:58:25 PM CST

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IRO REVIEWER REPORT

Date: 3/4/2019 2:58:25 PM CST

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX additional sessions of chronic pain management program XX units of CPMP XX X week

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: XX. XX XX is a XX-year-old XX who was diagnosed with XX XX sprain, disorder of XX, XX XX ligament sprain of XX XX, and contusion of the XX XX. On XX, XX XX and XX on a XX, XX onto XX XX XX as XX was XX a XX. XX reported immediate onset of pain and subsequently sought medical attention. XX. XX had a functional capacity evaluation by XX, XX on XX to determine XX tolerance to perform work tasks. XX demonstrated the ability to perform within the medium physical demand category. XX was able to work full time. XX lifted XX pounds to below XX XX, XX pounds to XX XX and XX pounds XX. XX carried XX pounds of weight. Pushing abilities were evaluated and XX pulled XX horizontal force pounds and pushed XX horizontal force pounds respectively. Non-material handling testing

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indicated an occasional tolerance for dynamic balance, static balance, XX / other, pinching, simple grasping, and XX climbing. Above XX reach, bending, fine coordination, and sitting demonstrated on a constant basis. The functional activities XX should avoid within a competitive work environment included firm grasping. An MRI of the XX XX done on XX demonstrated mild soft tissue swelling involving the XX aspects of the midXX. Nuclear Medicine bone scan 3 phase XX XX performed on XX was negative for evidence of XX or XX fracture. An MRI of the XX XX done on XX showed moderate increased signal and thickening of the proximal XX mm of the common extensor tendon consistent with moderate XX and / or strain with moderate intrinsic signal changes consistent with degenerative changes and / or interstitial tear. There was no significant transverse XX were identified and significant XX / XX pathology. It also demonstrated mild fraying, indistinctness and irregularity of the XX XX ligament representing mild strain and superficial partial thickness tear. XX / XX, XX evaluated XX. XX on XX for XX ongoing symptoms. The XX additional sessions were being requested would focus specifically on helping XX internalize new XX skills, along with XX XX changes in XX of pain and healing that would carry XX outside of the program and back in the outside world of full-time work. XX reported that XX was only taking medication after massages, as it increased the pain to where XX could not stand it. XX was beginning to understand that XX was the only one who could decrease the pain level and manage XX stress. XX appeared to be working to improve XX life. XX. XX was performing more physical activities and was able to perform XX activity on the Stationary Bicycle for XX minutes and the treadmill for XX minutes. XX was able to push and pull XX pounds. XX participated in Group Stretching Activities by performing XXxXX sets of XX extension stretch, XX XX stretch, XX extension and XX stretch, XX flexion, XX rotation, XX stretch, XX stretch, XX XX and posterior XX stretch, XX stretch, XX XX stretch, and XX stretch. On the Beck XX Inventory II (BDI-II), XX. XX scored a 19, within the moderate range of the assessment. After completion of sessions in the chronic pain management program (CPMP) XX was once again administered the assessment and scored a 12. The Beck XX Inventory (BAI) score was a 7, within the minimal range of the assessment. After completion of sessions in the CPMP XX was once again administered the assessment and scored a 14. XX. XX was administered The Screener and XX Assessment for Patients in Pain-Revised (SOAPP-R), assessment and scored a 19, indicating a high risk for abuse of prescribed XX pain medications. XX. XX was continuing to progress toward XX goals and ability to improve in the daily activities of XX life. XX participated in the written assignments and was willing to share XX thoughts with the group members. Additional sessions would help XX form a routine and schedule. XX was learning adequate coping mechanisms to deal with the XX XX that were occurring as a response to XX injury. XX demonstrated the need for additional intensive treatment and continued support in order to return to a higher level of function and return to the workforce. XX would benefit with continued group sessions to better manage and use XX XX skills. XX. XX requested XX additional sessions of the CPMP at the time. XX. XX underwent a designated doctor examination by XX. XX on XX for determination of maximum medical improvement, impairment rating, and return to work. XX complained of XX XX pain and XX XX pain. XX reported pain with many activities and had been off work as a XX since XX. On examination, moderate tenderness of the XX lateral XX and of the XX lateral XX with mild XX was noted. XX and XX reflexes were 2/2 XX in the XX extremities. Strength testing was 4/5 against gravity with some resistance in the XX XX extremity for XX XX, XX, great XX extension, inversion and eversion. XX and XX walk were not performed due to reported XX XX pain and demonstrated a complete inability to flex or extend any of XX XX on the XX XX. Strength testing was 4/5 against gravity with some resistance in the XX XX extremity for all motor groups. XX XX strength was XX.XX pounds and XX.XX pounds, XX XX XX.XX pounds and XX.XX pounds taken at the beginning and end of examination. Measurements of XX were XX.XX cm and XX were XX.XX cm XX each. XX (XX) was XX.XX cm on XX and XX.XX cm on XX, and XX muscles were XX.XX cm XX. XX XX range of motion flexion and abduction was 30 degrees, XX XX flexion was 90 degrees, extension -60 degrees, supination was 50 degrees, and pronation was 80 degrees. XX XX XX was 30 degrees, XX was 20 degrees, inversion was 25 degrees, and eversion was 15 degrees. A functional capacity evaluation done on XX indicated a XX effort of medium physical demand level. It was also documented that XX. XX was not allowed to work from XX to XX, maximum disability duration for light physical demand job classification (XX Days) per XX Guidelines for XX sprain. XX return-to-work was XX to XX with work restrictions. Light work physical demand job classification per XX guidelines for XX sprain. XX return-to-work was XX without work restrictions. Light work physical

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demand job classification for maximum disability (XX days) XX guidelines for XX sprain. XX. XX was at maximum medical improvement (MMI) on XX related to XX XX XX and XX XX injuries with 0% whole person impairment. The ongoing medications included XX, XX, and XX. Per an appeal letter by XX, XX / XX. XX dated XX, XX. XX was denied additional CPMP sessions but did not state the specifics as to the reason it was denied. Treatment to date included XX therapy, medications (XX, XX, and XX) and XX sessions of the CPMP.

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

Based on the clinical information provided, the request for Additional XX sessions / XX units of Chronic Pain Management Program, three times a week is not recommended as medically necessary, and the previous denials are upheld. The submitted clinical records indicate that the patient has been released to return to work as of XX without restrictions. There is no clear rationale provided to support a multidisciplinary return to work program for a patient who has been cleared to return to work full duty. The patient has been determined to have reached maximum medical improvement as of XX with 0% whole person impairment. Designated doctor evaluation notes that diagnostic testing was essentially normal despite the severe pain reported, lack of objective findings in the medical records, XX effort on functional capacity evaluation testing and submaximal effort on strength and range of motion testing for the designated doctor evaluation.

Given the documentation available, the requested service(s) is considered not medically necessary in accordance with current evidence based guidelines and therefore upheld.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Chronic pain programs (functional restoration programs)