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Notice of Independent Review Decision
Amendment X

IRO REVIEWER REPORT

Date: X; Amendment X

IRO CASE #: X

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: X

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

REVIEW OUTCOME:

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

- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)
- Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who was injured on X. X reported injury to the right 5th digit little finger when X. The diagnosis was unspecified sprain of right little finger, initial encounter (X). Per a Physical Performance Evaluation, dated X completed by X, DC, it was documented that X overall validity or level of effort was determined by looking at all of the end results of the subjective, objective and max voluntary effort. At the time, X reported the overall pain as a X. X described the right hand / pinky finger pain as frequent sharp and achy pain with sustained grip, pulling and lifting. X reported work-related injury dated X. On examination, X weight was 237 pounds and blood pressure was 102/72 mmHg. X was X. Palpation noted X. The test results and interpretations included that X performance was consistent throughout the entire evaluation. X motion and strength limitations were consistent with X performance in the lifting and carrying test activities. X did compensate for decreased X. X complained of pain in the right pinky. X demonstrated restricted range of motion in the right 5th digit / pinky finger, when compared bilaterally. X demonstrated a X. Upon completion of ongoing X examination, X had shown progress from sedentary light to ongoing physical demand level of light. This physical demand level had X. Additional treatment may be necessary for X to regain X X. Per a X summary dated X completed by X, MA, LPC, X date of injury was on X. Since the injury, X had been suffering from X. X experienced high levels of stress daily. When asked about the causes of X stress, X reported that X had been having multiple problems since X injury. Some of X stressors included lack of financial stability and lack of overall physical functioning. X stated that since X was in so much pain and X was not working, X had a difficult time structuring X life, remaining positive, and being motivated to perform the necessary actions for a successful recovery. Because of this, X was under a great deal of pressure from X own self to recover as successfully as possible and return to work as soon as X could fulfill X necessary work responsibilities. The stress caused X pain to increase and when X was in session, X stated that X felt as if X was beginning to learn to decrease X pain; however, X had difficulty in maintaining X levels of pain low enough, for a period of time, so that X could productively function. Because of X high level of daily

stress, X had been unable to effectively cope with X pain. During sessions of group counseling, X demonstrated X. Limited X proved to be mildly useful and helpful, as evidenced by X rapport with the therapist and X willingness to share X feelings and talk openly about X problems. Unfortunately, this limited amount of therapy was insufficient to meet X needs (e.g., help X to improve ability to more effectively manage chronic pain and reduce pain level). X had shown progress in decreasing X levels of pain. During X initial behavioral evaluation, X reported that X average level of pain was around an "X" (based on the VAS scale from X). However, following completion of sessions in the work hardening program, X reported that X level of pain would currently be around a level "X" (based on the VAS scale from X). X reported that physically X did improve throughout the X; however, X overwhelming fear of re-injury, along with a lack of solid coping skills, was holding X back from successfully achieving the level of performance which X needed to return to work and complete X necessary job requirements. Furthermore, X was suffering from multiple symptoms of X, related to the work-related injury and chronic pain, which should be both identified and dealt with throughout the additional sessions in the X, so that X may naturally control X pain, increase X level of functioning, and make a successful, return to work transition. The Beck Depression Inventory II (BDI-II) score was X indicating mild range. Following completion of approved group psychotherapy sessions in the work hardening program, X was once again given this test and scored a X. The Beck Anxiety Inventory (BAI) score was X, indicating mild range. Following completion of approved group psychotherapy sessions in the X, X was once again given this test and scored a X. Fear Avoidance Beliefs Questionnaire (FABQ) score was X on the Physical Activity subscale and a X on the Work subscale. Following completion of approved group psychotherapy sessions in the X, X was once again given this test and scored a X on the Physical Activity subscale and a X on the Work subscale. The assessment was adjustment disorder with mixed anxiety and depressed mood and unspecified sprain of right little finger, initial encounter. X had developed emotional and behavioral symptoms, in response to X work-related injury and the chronic nature of X subsequent pain. These symptoms appeared to be clinically significant in that they were currently impairing X social, occupational, and physical functioning levels. Psychosocial stressors connected to chronic pain, job concerns, social losses, problems with family, and financial struggles had appeared secondary to X work accident and were negatively

impacting X treatment, recovery, and return to work progress. X was recommended in order to better facilitate X reconditioning and return to work. On X, X presented to X, DC, for evaluation of injuries sustained in a work-related incident which occurred on X. X stated while working for X, X was injured while performing X normal work duties at X normal capacity. X stated that as a result of the work injury, X sustained injuries to the right 5th digit, little finger region(s). The reported injury to the right 5th digit, little finger was caused X on the right little finger. The X

. X complained of pain in X right 5th digit, pinky finger and X reported difficulty with all movements of the 5th digit, the pinky finger was painful. Additionally, bumping against anything creates pain. The region was highly sensitive and had a sharp pain with touching. X stated that X was taking medication as needed. X stated X. X reported the base of the right 5th digit, pinky finger was hard to move due to tightness intermittently. Due to the tightness, it was difficult to grip with the right hand, wash dishes and if the area was bumped it was painful. There was restriction in the pinky finger so it could not be bent all the way. Continued active care was needed. X reported continued pain and pressure at the base of the right 5th digit at all sides. Repetitive activities would increase discomfort. Pain occurred with gripping and squeezing daily items such as steering wheel, ringing out towels at home, circular motion of washing dishes, and most movements of the day. Bumping the region was also painful. X-ray reports were reviewed and X was referred for MRI. Active care was completed but X continued to have daily pain with activities of daily living. X reported ache with gripping with washing hands and driving. Putting pressure on the digit was painful. X was avoiding pulling items like shopping carts due to pain. Dr. X reviewed MRI findings, referred to hand specialist and advised to move forward with X. X reported an achy sensation with repetitive activity to the right digit. The pain would linger, but not as long as before the X. X saw hand specialist Dr. X who gave X which was beneficial. X had a follow-up with Dr. X soon, and move forward with X. X reported feeling about the same except X reported a random burning sensation around the entire 5th right hand digit at intermittent times. X had moved in X. X was denied, it had been sent in for a reconsideration. On examination, X weight was 232 pounds and blood pressure was 108/79 mmHg. The right hand examination revealed mild tenderness to palpation at 5th digit. The hand / 5th digit on the right revealed X.

An MRI of right hand showed X. X was denied, pending for reconsideration. Treatment to date included X. Per a utilization review adverse determination letter dated X by X, MD, the request for a X was denied. Rationale: "Based upon the medical documentation presently available for review, Official Disability Guidelines would not support a medical necessity for this specific request as submitted. Previous treatment has included access to treatment in the form of X. There has not been a significant decrease in BDI scores and/or BAI scores to support a medical necessity for ongoing treatment in the form of X. Additionally, there has not been a sufficient improvement in functional capabilities with previous treatment in the form of a X to support a medical necessity for this specific request as submitted. Consequently, presently, for the described medical situation, medical necessity for this specific request as submitted is not established. "Per a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Request for X. Diagnoses include Unspecified sprain of right little finger, initial encounter. Per ODG, submitted documentation would not support X as there is lack of significant improvement. The request for X is non-authorized. "Thoroughly reviewed provided records including peer reviews. Patient is recovering from a right pinky injury for which has been participating in work hardening. In X, the patient has made minimal progress and it is unclear why patient needs to continue with X or why patient should be in specialized X to begin with given can focus on home exercise program. Further, the chiropractor who evaluated patient even acknowledged that further work on hand makes pain worse, so difficult to participate successfully in said program. X is not medically necessary and non-certified

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

Thoroughly reviewed provided records including peer reviews. Patient is recovering from a right pinky injury for which has been participating in X. In X, the patient has made minimal progress and it is unclear why patient needs to continue with X. Further, the chiropractor who evaluated patient even acknowledged that further work on hand makes pain worse, so difficult to participate successfully in said program. X is not medically necessary and non-

certified

Upheld

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)