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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured on X. X stated that while X. The diagnoses were strain of

unspecified muscle, fascia, or tendon at shoulder or upper arm level, right arm; and unspecified sprain of right shoulder joint.

On X, X was evaluated by X, DC, for functional capacity evaluation to reassess X ability to return to work and/or the need for additional rehabilitation. The ongoing complaints included occasional pain in the right shoulder. X reported intermittent numbness in the right index and middle fingers. X reported the intensity of the pain to be X. X stated that lifting, reaching up and activities associated with normal daily activities increased X overall pain level. X stated that heat and Biofreeze helped decrease X overall pain level. The physical examination revealed X was well-developed and well-nourished. X were X. X showed X. Palpatory examination of the right shoulder and musculature revealed X. On neurological examination, deep tendon reflex testing showed biceps was X bilaterally, brachioradialis was X bilaterally, triceps was X bilaterally. Sensory examination showed light touch was clinically unremarkable at the time of the evaluation. Motor examination revealed a grade X strength rating involving right internal rotation. On orthopedic examination of the right shoulder, empty can test (supraspinatus) was positive for X, Hawkins-Kennedy Test was positive for X, and painful arc test was positive for X. The active range of motion showed flexion was X degrees, extension X degrees, abduction X degrees, adduction X degrees, internal rotation X degrees, and external rotation was X degrees. It was noted that X occupation was of a X. The occupation required Job Demand was Medium Physical Demand Level and at the time, X was performing at a Light to Medium Physical Demand Level. X was capable of performing at a Light to Medium physical demand level involving the injured area(s) and continued to experience a mild to moderate functional deficit as it related to meeting the floor lifting (at the time X pounds versus X pounds job required), floor to shoulder lifting (at the time X pounds versus X pounds job required), floor to overhead lifting (at the time X pounds versus X pounds job required) and two hand carrying (at the time X pounds versus X pounds job required) job criteria as defined by the Dictionary of Occupational Titles and / or X job description interview. X had completed X(X total) with the following gains: reaching overhead (from occasional to frequent), two hand carrying (from X pounds to X pounds), pushing (from X pounds to X pounds) and pulling (from X pounds to X pounds). While X demonstrated an overall increase in X physical and functional abilities, X struggled with regard to the mental barriers involved with X ability to return to work as well as the

financial issues related to X work-related injury, especially toward the latter stages of X. This was evidenced by increased physiologically VAS, increased sitting and standing heart rate, increased heart rate with loading, and increased rating of perceived exertion (RPE). The exceptional factor in this case was that X was placed at MMI with a 0% impairment rating (IR) on X and was no longer receiving any indemnity and as X had not progressed as expected through the X, the financial stress combined with X still experiencing functional deficits had resulted in increased depression and anxiety. Therefore, based on the results of that exam and considering the X mental health evaluation, Dr. X agreed with the recommendation of the MHE that an X (X days) X would be appropriate for X as X met at least X of the X criteria for multidisciplinary pain management programs as defined by the ODG and other methods of treating chronic pain had been unsuccessful, and there were no other options for X that were anticipated to result in clinical improvement. The X program would allow time to address X continued moderate depression and increased anxiety while continuing to build on X functional / physical gains. Per a mental health evaluation dated X completed by X, MS, LPC, X presented for re-assessment for X ongoing complaints. X stated the event which precipitated this pain occurred when X was lifting a X and X felt a sharp pain in X right shoulder causing X to put the box down immediately. X underwent X. X continued to report experiencing pain. X expressed awareness of feelings within normal limits. X expressed concerns about X inability to get good sleep as X had difficulty in finding and maintaining a comfortable sleep position. X had been compliant with attendance and participation in X and had seen the benefit of X. It was noted that regarding Patient Health Questionnaire-X (PHQ-X), X had scored X indicating mild depression symptoms making it not difficult at all to care for things at home and get along with others. This score had decreased from the previous assessment for the Behavioral Chronic Pain Management Program, that score was X and indicated mild-to-moderate depression symptoms making it somewhat difficult to care for things at home and get along with others. X indicated trouble with falling or staying asleep or sleeping too much and feeling tired or having little energy. Regarding Generalized Anxiety Disorder-X(GAD-X), X scored X indicating minimal anxiety symptoms. This score decreased from X baseline assessment for the X, that score was X indicating moderate anxiety making it somewhat difficult to take care of things at home, get along with others, or complete daily life tasks. X indicated X was worrying too much about different things and had trouble in relaxing. Regarding Fear-Avoidance Belief

Questionnaire, X scored a low score (X) on the physical activity portion of the assessment and a high score (X) on the work portion of the assessment. X ongoing score was decreased from X previous score (X) for physical and remained the same from X previous score (X) for work. Regarding Pain Impairment Rating Scale, X rated X pain as X at its worst, X at its least and X on average. The worst pain rating was increased from X baseline score (X) and X least was increased from X baseline score (X). X average score was increased from X baseline score (X). The above scores and ratings had shown improvement toward the listed goals from the previous assessment. Additional X-day sessions of the X were recommended. Per a report of physical performance evaluation dated X completed by Dr. X, X presented for a physical performance evaluation to reassess X ability to return to work and / or the need for additional rehabilitation. X had relayed the onset to have occurred on X. X stated that while X), X felt a sharp pain in X right shoulder. On going chief complaint was occasional pain in the right shoulder. X reported occasional numbness in the right index and middle fingers. X reported the intensity of the pain to be X. X stated that lifting, reaching up, and activities associated with normal daily activities increased X overall pain level. X stated that heat and Biofreeze had helped to decrease X overall pain level. On right shoulder examination, the range of motion showed flexion was X degrees, extension X degrees, abduction, X degrees, adduction X degrees, internal rotation X degrees and external rotation was X degrees. X passed X of the validity criteria, indicating that X did exert maximal effort. The results included that X occupation's job demand was Medium Physical Demand Level and at the time, X was performing at a Light-Medium to Medium Physical Demand Level as per NIOSH Standards. X was capable of performing at a Light-Medium to Medium physical demand level involving the injured area(s) and continued to experience a mild functional deficit as it related to meeting the floor lifting (at the time X pounds versus X pounds job required), floor to shoulder lifting (at the time X pounds versus X pounds job required), floor to overhead lifting (at the time X pounds versus X pounds job required) and two hand carrying (at the time X pounds versus X pounds job required) job criteria as defined by the Dictionary of Occupational Titles and / or X job description interview. X had completed X of X: floor lifting (from X pounds to X pounds), floor to shoulder lifting (from X pounds to X pounds), floor to overhead lifting (from X pounds to X pounds), two hand carrying (from X pounds to X pounds). X mental health evaluation revealed a PHQ-X of X (X on X) indicating mild depression, GAD-X of X (X on X) indicating minimal anxiety, FABQPA of X (X

on X) and a FABQWP of X/X(X on X) indicating continued maladaptive fear avoidance behavior with physical activity and especially, work activity. Based on the results of this exam and considering the X mental health evaluation, the recommendation of the MHE that an X would be appropriate for X. This would allow additional time to address X continued depression, anxiety, and fear-avoidance behavior while continuing to build on X functional / physical gains.

Treatment to date included X.

Per a utilization review adverse determination letter dated X by X, DC, the request for X, was denied as not medically necessary or appropriate. Rationale: "The guidelines recommend a X for patients with shoulder conditions and disabling chronic pain and delayed recovery as a way to improve function. The guidelines recommend a X for patients with disabling chronic pain and delayed recovery as a way to improve function. In this case, the individual has demonstrated a linear progression in improvement according to sequential physical performance evaluations. The mental health evaluations have shown improvement in depression, anxiety and fear avoidance of physical and work activity. However, this is after X. The individual is very near to the full treatment goal. The guidelines recommend that X is generally the maximum amount of these programs, recommend neither re-enrollment in or repetition of the same or similar rehabilitation program is medically warranted for the same condition, and while X is not precluded after X, there has been an extensive amount of multi-disciplinary treatment, with no rationale for continued X is in the individual's best interest over an attempt to return to work. The request is not medically necessary or appropriate."

On X, Dr. X wrote in appeal of the denial for X, stating "Regarding the non-certification, this request is for a X. The medical necessity of the X has already been established. In this case, does the progress established by the claimant during the X support the medical necessity for an X. The X PPE indicated that during the X, the claimant demonstrated the following gains: floor lifting (from X lbs to X lbs), floor to shoulder lifting (from X lbs to X lbs), floor to overhead lifting (from X lbs to X lbs), two hand carrying (from X lbs to X lbs). X has demonstrated to following regressions: None. The claimant's X mental health evaluation revealed a PHQ-X of X (X on X) indicating mild depression, GAD-X of X(X on X)

indicating minimal anxiety, FABQPA of X/X (X/X on X) and a FABQWP of X/X (X/X on X) indicating continued maladaptive fear avoidance behavior with physical activity and especially, work activity. These results clearly indicate significant progression in the X, and based on these results, further material and functional gains are reasonably anticipated with an X. Therefore, we are requesting an appeal and reconsideration of the X."

Per a reconsideration review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "The Guidelines recommend a X for patient with shoulder conditions and disabling chronic pain and delayed recovery as a way to improve function. In this case, it is noted per the carrier that the individual was advised of a previous denial and stated that they were not appealing this as X was feeling well and did not feel like X needed any more X, however, the provider submitted a request for reconsideration. It is not clear what the rationale for the X. As such, the request is denied."

On X, Dr. X wrote an appeal letter stating, "Regarding the non-certification, the claimant has not expressed to me that X did not wish to participate in any X. Otherwise the request for the X would not have been requested nor appealed. Additionally, the medical necessity of the X was established upon approval of the X. In this case, the progress established by the claimant during the X the medical necessity for an X. The X PPE indicated that during the X, the claimant demonstrated the following gains: floor lifting (from X lbs to X lbs), floor to shoulder lifting (from X lbs to X lbs), floor to overhead lifting (from X lbs to X lbs), two hand carrying (from X lbs to X lbs). X has demonstrated to following regressions: None. The claimant's X mental health evaluation revealed a PHQ-X of X (X on X indicating mild depression, GAD-X of X (X on X) indicating minimal anxiety, FABQPA of X (X on X) and a FABQWP of X/X (X on X) indicating continued maladaptive fear avoidance behavior with physical activity and especially, work activity. These results clearly indicate significant progression in the X. Therefore, we are requesting the denial to be overturned for the X."

Thoroughly reviewed provided records including provider notes and peer reviews.

Provided documentation including most recently with X appeal letter demonstrates that request for further X meets the cited ODG criteria in peer

reviews. The patient is interested in continuing the program and feels like it is helping. While the total amount of hours is significant, given meeting cited criteria, request is appropriate. X program is medically necessary and certified

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

Thoroughly reviewed provided records including provider notes and peer reviews.

Provided documentation including most recently with X appeal letter demonstrates that request for X meets the cited ODG criteria in peer reviews. The patient is interested in continuing the program and feels like it is helping. While the total amount of hours is significant, given meeting cited criteria, request is appropriate. X is medically necessary and certified

Overtured

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

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- TMF SCREENING CRITERIA MANUAL
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- MILLIMAN CARE GUIDELINES
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- INTERQUAL CRITERIA
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE