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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 was injured while X. The diagnosis included other internal derangement of left knee and sprain of sacroiliac joint. On X, X was seen by X, MD for left knee pain, tenderness and pressure with limited range of motion. Pain was rated X. X had repeated X and was told there was a "X" and was reviewed by Dr. X who recommended more X. X was still on X. X reported left shoulder, left hip and left knee pain. X was recommended to continue X. On X, X was seen by X, MD for left knee pain. X continued to have some pain and weakness in the leg. X had difficulty getting back to full activities. X was still awaiting physical therapy and there had been some delay in getting back to X therapy. Examination showed X walked without a limp. Examination of left knee showed there was X. Full range of motion was noted. Physical therapy and functional capacity evaluation was recommended. Per a Treatment Progress Report dated X by X, MS, LPC-S / X, LMSW, the clinical impressions included, the pain was rated X indicating severe pain. On the Pain Experience scale score was X indicating extreme amounts of emotional distress when X pain was at its worst. Mc Gill Pain questionnaire score was X indicating severe pain, Fear Avoidance Belief Questionnaire score was X on the physical sub scale and X on the work sub scale, suggesting moderate levels of avoidance and fear related to X work related injury, Beck Depression Inventory score was X indicating severe depression, Beck Anxiety Inventory score was X indicating severe anxiety, Sleep Questionnaire score was X indicating serious sleep disturbances, Knee Outcome Survey score was X indicating a crippling perception of disability and functioning, Disabilities of the arm, shoulder

and hand questionnaire score was X indicating a severe perception of disability and functioning. At the time in X treatment, it was evident all primary and secondary levels of care have been exhausted, and X treating physician, Dr. X recommended X participate in a X. X continued to have pain problems, physical functioning deficits, psychological issues and vocational requirements that could best be addressed by a comprehensive Program. A X incorporates components of exercise progression, vocational assistance, disability management and psychosocial intervention. This will allow for maximum improved function within the identified treatment goals. Counseling and instruction in pain management and coping skills will be geared toward self-management of pain. It was stated that "X continues to be under the care of treating physician Dr. X. X has received the following conservative care since X work injury occurred: X. Based on the outcome of all medical treatment, it is this examiner's standpoint that X would highly benefit from a X. X will have the opportunity to receive X. X has verbalized an interest in the program; X would like to proceed with the X; as X is at tertiary care. "A Functional Capacity Evaluation was completed by X, PT on X to evaluate general functional tolerance to activity and position, evaluate validity of effort and to determine which physical demand category best suited X physical abilities and limitations. X is a X. On X after X. As a result of the accident, X injured X back and left knee. MRI of left knee revealed X. Additional diagnosis included contusion of left thoracic wall and sprain of SI joint. In May X X underwent an X. X was still receiving postoperative rehab for X left knee. A functional capacity evaluation had been requested by X physician to assist with determining X ability to return to X pre-injury job. X physician had recommended a functional restoration program. X pre-injury job was at the (Heavy PDL 100 lbs.) and required continuous lifting, standing, walking, balancing, forward reaching and handling. Frequently X was required to push, pull, climb stairs, climb ladders, kneel, squat, crawl and

overhead reach. X ongoing lifting capacity from the floor was X pounds (Sedentary PDL). X had difficulty squatting for floor lift and experienced pain with squatting. X knuckle to shoulder lift was X pounds. X complained of left knee giving out. Shoulder to overhead level lift was X pounds and X complained of left knee instability and pressure. X limited lifting capacity correlated with X restricted left hip and left knee range of motion along with left lower extremity weakness and positive trunk weakness. X completed X minutes of walking and complained of fatigue and unsteadiness. X tolerated X minutes of standing and X minutes of sitting. X experienced difficulty and or increase symptoms with overhead work., forward teaching, pushing, pulling, carrying and stairs. X did not attempt kneeling. balancing or crawling due to left knee and leg pain. X attempted but was unable to perform ladder climb due to lower extremity weakness. X was unable to perform the job simulation circuit due to experiencing significant increase in left knee, leg and back pain. X did not meet job demands for walking, pushing, pulling, carrying, ladder climb, crawling, balancing, squatting or kneeling. X was unable to complete the cardiovascular treadmill testing due to being able to achieve and maintain pace required for test protocol. Based on the results of the FCE and X job description, X did not meet the minimal qualification for X pre-injury job. X left lower extremity weakness along with left lower extremity restricted range of motion plus low tolerance for walking prevented X from safely performing X pre-injury duties. Additionally, low tolerance for or inability to perform many of X critical job tasks contribute to X inability to perform X pre-injury job as a X. X referring physician had recommended a X and X concurred with the recommendation. Goals of the X would be to reduce pain behaviors and improve X overall functional capacity allowing X to qualify for meaningful employment. An MRI of the left knee dated X showed postoperative change from previous ACL reconstruction. Graft was maintained. X was noted. X may have a similar appearance. No displaced fragment. X was

noted. X was seen. There was X. Treatment to date included X. Per a Peer Review report dated X by X, DO the request for X was denied. Rationale: "With documentation of the claimant having severe depression / anxiety based on scoring and on multiple psychiatric medication management, there was no documentation whether the claimant is being followed by a psychiatrist and why the medication management is not improving the psychiatric condition since this will significantly impede any functional progress trying to be made in a tertiary level program. There was also no clear detail provided of the claimant's overall motivation to participate in a tertiary level program and no documentation of what realistic return to work goals can be achieved given the significant functional gap present of the claimant's current sedentary PDL and job requirement heavy PDL. Given these circumstances and the guidelines, there is no support for the request. Therefore, the request for X is not medically necessary." Per a Peer Review Report dated X by X, MD, the request for X was denied. Rationale: "While ODG's Chronic Pain Chapter Chronic Pain Program topic acknowledges that chronic pain programs are recommended where there is access to programs with proven successful outcomes, here, however, the outcomes of the program in question are unknown. ODG further stipulates that negative predictors should be identified and if present, the pre-program goals should indicate how these will be addressed. Here, the claimant presents with a severe self-perception of disability. The claimant's job falls in the heavy physical demand level. The claimant is currently functioning at the medium physical demand level. The claimant has issues with high job dissatisfaction. There is no mention of how these negative predictors will be addressed, nor did the treating provider discuss the likelihood of the claimant's returning to work as of this late point in work as of this late point in time, over a year removed from the date of injury as of the request, particularly given the purported severity of the claimant's deficits. ODG further stipulates that

such programs should be reserved for those individuals in whom previous methods of treatment have been unsuccessful and there is an absence of other options to likely result in significant clinical improvement. Here, the claimant is seemingly a candidate for both knee and shoulder surgeries. The claimant also has issues with severe, suboptimally controlled depression, Pursuit of a functional restoration program without first determining whether the claimant is or is not a candidate for surgical intervention is not indicated. It is likewise unclear why attempts to optimize the claimant's mental health state have not been attempted prior to the request for a X being initiated. The request, thus, is at odds with multiple ODG guidelines for pursuit of the program in question. Therefore, the request for X is not medically necessary. “Thoroughly reviewed provided records including provider notes, imaging results, as well as peer reviews. While peer reviews bring up valid points, the patient meets all cited ODG criteria for participation in a functional restoration program. X has had significant prior treatments but remains with specific functional deficits that the patient needs to improve on to work towards heavy physical demand level. Thus, request for X 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, imaging results, as well as peer reviews. While peer reviews bring up valid points, the patient meets all cited ODG criteria for participation in a X. X has had significant prior treatments but remains with specific functional deficits that the patient needs to improve on to work towards heavy physical demand level. Thus, request for 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