C-IRO Inc.
An Independent Review Organization
3616 Far West Blvd Ste 117-501 CI
Austin, TX 78731
Phone: (512) 772-4390
Fax: (512) 387-2647
Email: @ciro-site.com

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 Overtuned (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 is a X year-old X who was injured on X. X sustained an injury to X left hand while working for X. X reported that while working, X left thumb was X. The diagnoses were complete traumatic transphalangeal amputation of left thumb (S68.512D) and stiffness of left hand (M25.642).

Per a Functional Capacity Evaluation dated X, completed by X., DC, the purpose of evaluation was to evaluate X tolerance to general activity and position for recommendation of ongoing safe physical demand level, tolerance of critical job demands for recommendation of work restrictions and for appropriate future physical rehabilitation care. X sustained an injury to X left hand while working on X. X reported that X left thumb was X. X completed X. X had also undergone several X. X aggravating factors included daily living activities of sustained or repetitive grip, lift, carry, push, and pull. X left upper extremity was sensitive to light touch. X was not working at the time because X

employer did not offer work restrictions. X helped decrease some of X overall pain and discomfort, but severe limitations remained. X floor level lifting capacity was X pounds, limited by pain fatigue, and weakness to the left hand. X shoulder level lifting capacity was X pounds, with limitations of left-hand complaints and limited ROM. X overhead level lifting capacity was unable to be tested due to limited ROM of the left upper extremity. X performed reaching at the waist to shoulder level for X minute with complaints of pain and fatigue. X was unable to complete reaching at the shoulder to overhead level due to aggravation of symptoms and limited ROM of the left upper extremity. X could push at a maximum of X pounds and could pull at a maximum of X pounds. X was able to walk on the treadmill for X minutes with no complaints. X could sit for X minutes and stand for X minutes. It was noted that at the time X overall functioning was in the X. Dr. X recommendation for X would be to continue X left-hand treatment protocol as suggested by ODG Guidelines; their objective would be to improve X body mechanics, increasing overall endurance, strength, and range of motion. X would benefit from an X. The X would help to decrease pain and increase awareness of coping skills. The program would continue to build strength and reduce feat of tasks that might exacerbate X symptoms along with helping overcome with any psychological issues resulting from X injury.

On X, Dr. X wrote a letter stating X had X. X had demonstrated a marked improvement in the hypersensitivity of the entire left upper extremity/hand. Prior to X, X had severe limitations with usage of X left upper extremity due to symptoms that closely X. X had improved at X in ADL's and at X desensitization of the left thumb/hand/arm. Although, X

had not been able to increase X physical demand levels on X test, X had shown moderate improvement of X left upper extremity function and had desensitized X thumb region sufficiently to use X prosthetic device more frequently. Dr. X opined that if X was allowed to participate in an X, X would be able to further improve to the point of using X prosthetic more often.

Per a X Report dated X completed by X, LPC, during the X, X had been provided with X. In summary, X had made meaningful improvements. Their treatment team had encouraged utilization of increasing the frequency of assertive behaviors in becoming more active in managing X life to avoid regression and assuming the disabled role. It was documented to be some increase in X activities of daily living. X was learning to cope better with X pain condition and was learning a new form of pace. X self-reported scores continued to improve as X was learning to adapt by increasing X tolerance to these activities and a new way of learning how to adjust to X limitations so that X could perform X activities of daily living and return to gainful employment. Overall, X had made progress in understanding how X physical symptoms were affected by daily lifestyle choices. X had been introduced to new appropriate coping skills to manage severe fluctuations of both physical and emotional symptoms and was encouraged to use these learned skills daily while attending the program in order to complete the X-hour days. On the Patient Pain Drawing, X rated X overall pain at a X. X had aching, numbness, pins and needles, burning, stabbing pain that radiated from the left side of head to neck, left shoulder, left arm, elbow, and to X left hand. On the Pain Experience Scale, X scored a X, which indicated mild emotional distress when X pain symptoms were at most severe. On the

McGill Pain Questionnaire, X scored a X, indicating normal pain episodes. X described X pain as throbbing, aching, tender, and numb. X felt exhausted by X pain. On the Disabilities of the Arm, Shoulder, and Hund Questionnaire, X scored X, indicating a crippling perception of disability and functioning. The pain impinged on aspects of X life both at home and at work. X reported X was unable to open a tight new jar, push open a heavy door, place an object on a shelf above the head, carry a heavy object over X pounds, and perform recreational activities, which took force or impacted through the arm, shoulder, or hand. On the Fear Avoidance Beliefs Questionnaire, X scored X, on the Physical Sub Scale and X, on the Work Sub Scale. These scores were suggestive of high levels of avoidance and fear related to X work-related injury and the impact of the pain on X current level of physical functioning, which could be best addressed with continuation of the multidisciplinary program for functional restoration. On the Quality-of-Life Scale, X rated X at a X, (X=non-functioning; X=normal). X believed X could work/volunteer limited hours and did take part in social activities on the weekends. On the X, which was a self-reported checklist intended to serve as a means of assessing the presence and severity of PTSD symptoms, X endorsed X responses as ’quite a bit’. X endorsed X responses as ‘extremely". X total score was X (which was above the cut off score of X). On the Beck Depression Scale, X scored X, which indicated severe levels of depression. X answered to have some problems with dissatisfaction, self-dislike, somatic preoccupation, fatigability, and insomnia. On the Beck Anxiety inventory, X scored a X, indicating a mild level of anxiety. X noted mild-to-moderate problems with the following: unable to relax, fear of the worst happening, nervous, heart pounding or racing, numbness or tingling, unsteady, hands trembling, feeling hot, indigestion

or discomfort in abdomen, and face flushed. On the Sleep Questionnaire, X scored a X, indicating a moderate-serious sleep disturbance. X sometimes/often had trouble falling asleep, waking up during sleep, could not stop thinking while trying to fall asleep, morning fatigue, sleep did not seem refreshing, and bad dreams. In summary, after X hours of X, X had maintained a positive mindset and believed the program had allowed X to establish a daily routine and begin constructing daily activity goals. The concept of mind/body connection was processed, and X was able to identify any ongoing negative thinking patterns/coping skills which may act as a barrier towards effectively managing X work-related physical symptoms, sleep, or affect. X was instructed to and had increased use of passive modalities X. It was documented to be some increase in X activities of daily living as X was learning to cope better with X pain condition and was learning a new form of pace, as well as modifying X daily tasks. Other relaxation skills of meditation techniques, deep breathing relaxation, aromatic therapy (essential oils), making personal art and listening to music have all been noteworthy benefits in relieving X stress response. X had been able to relate to others who also had chronic pain and felt the program allowed for a connection among peers which X appreciated. X had modified X eating behavior to better X health. X had implemented better eating habits and stated X had been a bit more motivated to be more physically active. X reported feeling a desire to cook more, complete daily tasks, and socialize with others. X stated that during this program, X had re-gained self-confidence and a positive outlook on life. X had financial/psychosocial stressors which X received case management/social service assistance. X was assisted in applying for programs such as low-income programs for utilities and other local/state

programs to reduce X financial distress. At the time, X did not receive disability support such as Workman's Comp and was not seeking any support or compensation. Since the date of injury, X income had significantly decreased, and X had some strain to make ends meet. X did have emotional distress diagnosis (PTSD) and had worked vigorously during the program to get mentally and physically stronger. X met others within the program who allowed X to open up in group about X injury. X was able to identify triggers associated with anxiety-related symptoms and flashbacks which interfered with X sleep (the reported while in the program, X always thought about how X injury occurred). They would encourage X to further utilize learned coping skills in order to minimize X triggers in order to process past memories/triggers that brought up past events from the traumatic event from X work injury (this would be a part of focus in the next treatment phase). Vocationally, as noted prior to X completing the first phase of FRP, X felt that X employer had not shown X support or respect or understanding. X understood that X job position required X to be within that of Light, however X ongoing level of functioning was at Sedentary/Light. X thumb was amputated, and X was unable to return to X previous employer, but X was motivated to return to some type of work. X had been provided with vocational planning and support to assist with exploring interests and connecting X with the X. X would continue to receive educational support while in X. X was optimistic once X completed recommended rehabilitation, X would be stronger and capable to return to gainful employment, once X finished X rehabilitation in the near future. X would be encouraged to practice assertiveness skill development in order to increase confidence in continuing X occupational goals during X participation in X within X ongoing physical parameters of Sedentary/Light PDL. Furthermore, social

support network would be encouraged amongst X peers, who should help to instill self-efficacy and help facilitate X engagement in X recovery process. It was expected that X would continue to improve with target goals with daily participation in the program. X completed the program with high motivation and attended on a consistent basis. The X believed that X would work well with an X. Components of exercise progression with disability management and psychosocial intervention was the appropriate treatment plan for meeting goals needed to allow for maximum improved function within the identified treatment goals. Further rehabilitation especially in a group setting would further aid in increasing X self-esteem/confidence, increase utilizing of emotional coping skills and building X physical stamina/tolerance to activities. It was noted that X had been compliant with treatment recommendations advised by Dr. X. X recently completed X. X was advised to remain off work until further notice and to continue with another treatment phase of X. X was recommended to proceed with an X.

Treatment to date included X.

Per a Utilization Review Adverse Determination Letter dated X the concurrent request for X was denied by X, DC. Rationale: “Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is non-certified. As of the X note. The claimant has “been compliant with treatment recommendations. The claimant has recently completed X . X continues to remain out of work notes that X has made meaningful improvement. X continues to be on high dosage of medication. X continues to raise X pain as a X. X continues to complain of aching,

numbness, pins and needles, burning, stabbing pain, that goes from the left side of head to neck, left shoulder, left arm, elbow, and to X left hand. On psychological evaluation X continues to have high scores. X is still out of work. X functional ability of self-care, and lifting heavy objects, X reports is unable to perform. The claimant has completed X recommended X. The medical necessity for this request has not been met based on the recommendations of the guidelines."

On X, X, LPC wrote a response to denial letter, stating, "X requested X which was denied on X. X is appealing this decision was deemed denied due to the following reasons: "Primary Reason(s) for Determination: Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, this request is non-certified. As of the X note. The claimant has "been compliant with treatment recommendations. The claimant has recently completed X . X continues to raise X pain as a X. X continues to complain of aching, numbness, pine and needles, burning, stabbing pain, that goes from the left side of head to neck, left shoulder, left arm, elbow, and to X left hand. On psychological evaluation X continues to have high scores. X is still out of work. X functional ability of self-care, and lifting heavy objects, X reports is unable to perform. There are several items that need to be clarified in this denial. To clarify, X has completed X. We understand that our request is outside of Official Disability Guidelines (ODG), however this treatment team continues to recommend that X have an opportunity to progress into another phase of program as X is unable to return back to X employer as X thumb was amputated, X is seeking other employment opportunities, X felt that X employer has not shown X support or respect or understanding. Upon careful review of all

X summary summarized X job requirements Light; X current performances level is Sedentary/Light PDL. X treating physician, Dr. X, DC, did type a letter to further establish medical necessity. This letter did stress that although X did not increase X PDL on the recent functional test, X has shown moderate improvement of X left upper extremity functional and has desensitized X thumb region enough to use X prosthetic devise more frequently. Not only has X made physical improvements, but X has also made improvements in X PTSD/affective symptoms. This treatment team highly recommends X have more days/hours approved. Additional X will allow for specific concentration of physical and psychosocial education to manage X functioning in movements to complete daily tasks to build more strength, tolerance to sustained activities, and proper body mechanics, which will allow for X to safely return back to viable employment. The treatment intervention will continue to augment recovery by addressing psychosocial stressors regarding the trauma, establishing resiliency, addressing psychological distress associated with trauma and work status, increase X coping skills regarding current situation, and address any possible unrealistic beliefs about X daily functioning. It is highly recommended that X continues to engage in evidence-based therapy for PTSD. X has benefitted from complementary approaches including X. X should be reassured that X symptoms can be managed, X can engage in daily activities, and X can achieve better quality of life. Next, during this last phase of the program, X initiated the process and was approved for assistance with the X. X has a bachelor's degree in X. X is still taking X. X reports increased motivation to work a part-time job. Therefore, X has an upcoming appointment with X. X will continue to receive educational support while in X. X is optimistic once X completes recommended rehabilitation, X will be

stronger and capable to return back to gainful employment, once X finishes X rehabilitation in the near future. X will be encouraged to practice assertiveness skill development in order to increase confidence in continuing X occupational goals during X participation in Functional Restoration Program within X current physical parameters of Sedentary/Light PDL. Furthermore, social support network will be encouraged amongst X peers, who should help to instill self-efficacy and help facilitate in X engagement in X recovery process. Please refer back to medical records along with our report dated X which has been reattached for careful review. With all of the above mentioned, X would like to continue with an X. Participation in the X is highly recommended to continue making physical and affective progress which will benefit X in returning back to the workforce and address any concerns. As documented X has chronic pain resulting in emotional distress as a result of X work injury of X and has been diagnosed with the following: S68.512D Complete traumatic transphalangeal amputation of left thumb M25.842 Stiffness of left hand. To sum up, a simplified summary chart dated X titled "X" has again been provided for review. These are aligned with the patient pain symptoms and affective functioning, functional restoration, reduction of fear avoidances/perceived disabilities, medication management and extinction (X is currently taking a high dosage of X), sleep and an appropriate comprehensive realistic vocational plan for improving/increasing tolerance and physical stamina to return back to viable work. These goals are measurable with interim assessments to note patient progress or regression. This program will emphasize the importance of function over the elimination of pain. X has been utilizing educational tools and various coping mechanisms into X physical routine while attending the program to minimize X pain levels.

Additional days with continue to help build strength and reduce fear of tasks that might exacerbate X symptoms along with helping overcome psychological issues resulting from X injury. The treatment plan will incorporate components of exercise progression with disability management and psychosocial intervention. With the above information summarized our request of an X. Due to the specific information provided, X am requesting the case be reopened for an appeal."

Per a Reconsideration Review Adverse Determination Letter dated X by X, DC, the appeal request for X was denied. Rationale: "Based on the clinical information submitted for this review arid using the evidence-based, peer reviewed guidelines referenced below, this request is non-certified. This claimant has X. Guidelines require significant improvement in both physical and psychological deficits to support continuation and there must be exceptional factors beyond X hours. The current complaints and lack of efficacy do not support extension of care at this point in noted plateau.

On X, Dr. X again wrote a letter stating that this correspondence was in regards to Dr. X review of X request for X. Dr. X denial stated that minimal gains in X. This statement was not true. X did stay within the sedentary level of work, but this alone did not accurately demonstrate the marked improvement X had achieved. Prior to entering into the program, X initial X. Upon completion of X, X was able to perform some of the tests that X was originally unable to perform. X achieved a X-pound increase in X ability to lift from the floor and from shoulder height. X also increased X push ability by X pounds and was able to now perform pulling activities which X was unable to do on first testing. X had

doubled X grip strength from X psi to X psi. These improvements, albeit small, were significant for someone without a thumb. Dr. X also stated, "I am unable to explain the scoring system of the questionnaires used by the psychologist in whom Dr. X states that there are minimal gains, but I can testify to the dramatic improvement the patient demonstrates interacting with others. X at the beginning of the program isolated X and was extremely emotional with frequent outbreaks of crying. At the end of X last hours of the program the patient is engaged with others in the program the entire time and I have not witness a single emotional breakdown."

Claimant has participated X. X appears to have reach treatment limits. Claimant was unable to return to work, has had mild to moderate improvement in functioning. X has remained at Sedentary level of work demand. X as a part of programming, which appears to have reached maximal medical improvement. X psychological functioning has included fluctuations in depression, trauma related scales, with X most recent scores being in the severe range. However, X anxiety, pain experience, and general pain scores have improved. X most pronounced scores appear to be connected with X trauma with subsequent depressive elevations, presumed to be related to the injury. X trauma related difficulties are not well addressed by a chronic pain management program and would have improved response to trauma-based treatment. Denial upheld. 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:

C-IRO Inc.

Notice of Independent Review Decision

Case Number: X Date of Notice: X; Amendment X

Claimant has X. X appears to have reach treatment limits. Claimant was unable to return to work, has had mild to moderate improvement in functioning. X has remained at Sedentary level of work demand. X as a part of programming, which appears to have reached maximal medical improvement. X psychological functioning has included fluctuations in depression, trauma related scales, with X most recent scores being in the severe range. However, X anxiety, pain experience, and general pain scores have improved. X most pronounced scores appear to be connected with X trauma with subsequent depressive elevations, presumed to be related to the injury. X trauma related difficulties are not well addressed by a chronic pain management program and would have improved response to trauma-based treatment. Denial upheld. X is not medically necessary and non-certified.

Upheld

C-IRO Inc.

Notice of Independent Review Decision

Case Number: X Date of Notice: X; Amendment X

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)**

C-IRO Inc.

Notice of Independent Review Decision

Case Number: X Date of Notice: X; Amendment X

☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)