

Notice of Independent Review Decision

Amended X:

X:

IRO Case number: X

Description of the services in dispute

X

Description of the qualifications for each physician or 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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

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

The claimant is a X diagnosed with injury of the right lower extremity with significant internal derangement, post-gunshot and post-surgery, fracture of the right femur, open wound of the right lower leg, injury of the right foot with significant damage to the lesser toes, and possible need for amputation.

According to the evaluation dated X, the claimant's current complaints included post-operative right knee/leg pain radiating up to the hip and down the leg. Examination at that time revealed positive findings for weight loss; positive for muscle/joint pain in the right leg/foot; positive for neurological weakness; positive for depression, anxiety, and insomnia following date of injury. It was documented the claimant, based on the Interdisciplinary evaluation, would qualify for the X.

Reconsideration Letter by X dated X the claimant "has, objectively, clear, significant deficits with respect to X work demands, testing at a Sedentary Physical Demand Level (PDL); required to reach a Medium-Heavy PDL . . . X has X. From looking at these parameters, this patient is an excellent candidate for participation in the X."

Appeal Review from X dated X denied coverage for X "the requested medical treatment listed below does not meet established criteria for medical necessity, based on our physician review of the information submitted." Per the appeal review, "Based on the submitted documentation, the request is not warranted. The referenced guidelines recommend it with a X. There should be documented motivation to change or a willingness to change their medication regimen. The negative predictors of success should be identified and how they will be addressed. If a program is for a claimant that was disabled for greater than X months, the outcomes for the necessity of use should be clearly identified, as there is X. The claimant presented multiple diagnoses, such as injury of the right knee with significant internal derangement, post-gunshot and post-surgery, fracture of the right femur,

open wound of the right lower leg, injury of the right foot with significant damage to the lesser toes and possible need for amputation with manifestations of chronic pain syndrome as evident by continued right knee, leg, and joint pain with a restriction with ROM. Conservative management was attempted but was unable to provide resolution. They stated that they were tired and exhausted going through the recovery period and continued to have pain. Additionally, although a Mental Health Evaluation was done and validated, which showed moderate insomnia, extreme fear-avoidance behavior, mild central sensitization, extreme disability due to pain, mild anxiety, and mild-to-moderate depression, where a higher level of emotional distress was suspected, there was no information regarding length the claimant had been dysfunctional, negative predictors of success, the work status, or the intent to return to work. The request may be beneficial to improve physical and psychological well-being, achieve optimal functioning, and be readily prepared for the claimant's return to work; however, some essential information was necessary to determine the necessity of the request, and since request for more information is prohibited by the state without the agreement or consensus of the requesting provider, this cannot be authorized. Therefore, the prospective request for X is non-certified."

Analysis and explanation of the decision, including clinical basis, findings, and conclusions used to support the decision

The claimant is a X who sustained a gunshot injury while working as a X. An X. X has undergone multiple surgeries, physical therapies and is currently on pain medications for chronic pain syndrome. X currently has compensable postoperative right knee and leg pain, radiating up to the hip and down X leg. X had injury of the right knee, fracture of the right femur, an open wound on X right lower leg, right foot and right toe injuries in the

beginning. Based on the interdisciplinary evaluation, it was determined that the claimant qualified for a X. This program was ordered but was denied due to a lack of medical necessity stemming from missing information from the claimant's provider.

The claimant underwent quantitative functional capacity evaluation on X and was determined that X did not meet the lifting or carrying requirement for X job. It was concluded that it was critical that X has improved X right lower extremity active range of motion and strength for maximum job performance. It was recommended that X enter a X. X was said to be performing at below sedentary physical demand level presently. X mental health evaluation also documented that the claimant meets ODG criteria for X.

After review of the ODG criteria for X, the claimant did indeed meet the criteria for the general use of X. The following are some of the many criteria that the claimant has met: The claimant has been diagnosed with chronic pain syndrome with evidence of loss of function that persisted beyond three-months with evidence of excessive dependence of health-care providers (according to medical records), secondary physical deconditioning due to disuse and/or fear avoidance of physical activity due to pain (according to Mental Health Evaluation), withdrawal from social activities (according to Mental Health Evaluation), failure to restore preinjury function (according to Mental Health Evaluation), development of psychosocial sequelae that limits function or recovery after initial incident (according to Mental Health Evaluation), diagnosis based on a physical component (according to medical records), evidence of continued use of prescription pain medications without evidence of pain or function improvement (according to medical records), previous methods of treating chronic pain have been unsuccessful and there is an absence of other options to likely result in significant clinical improvement (according to medical records), etc.

X, a type of treatment included in the category of interdisciplinary pain programs is designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. A review of medical literature suggested that X reduce pain and improve function in patients with chronic pain.

After extensive review of the claimant's medical record, notes from multiple providers including a reconsideration letter by X, DO dated X which stated that the claimant "has objectively and clear, significant deficits with respect to X work demands, testing at a sedentary physical demand level, that X has failed previous conservative levels of care, in the form of surgery, post-operative physical therapy, injections, and medications" it is therefore the medical opinion of this reviewer that X is medically necessary for the treatment of this claimant. All providers arrived with the same conclusion and recommendation that the claimant is an excellent candidate for participation in the X and the reviewer has agreed with them based on the documented evidence in X medical record.

Description and source of the screening criteria or other clinical basis used to make the decision

- ACOEM - American College of Occupational and Environmental Medicine Um Knowledgebase
- AHRQ - Agency for Healthcare Research and 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)
- ODG - Official Disability Guidelines & Treatment Guidelines