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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

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who sustained a work-related injury on X. X rp0td that a X. X reported X. The diagnosis was incomplete rotator cuff tear or rupture of unspecified shoulder, not specified as traumatic (X); and other injuries of left wrist, hand and finger(s), sequela (X).

On X, X underwent a behavioral evaluation and request for X, by X, MA, supervised by X, PhD. Since the work-related injury, X psychophysiological condition had been preventing X from acquiring the level of stability needed to adjust to the injury, manage X pain more effectively, and improve X level of functioning. X psychological symptoms appeared to be marked by the following: feeling down, insomnia, energy decrease, frustration, irritability, inability to get pleasure out of life, crying episodes, motivation decrease, boredom, libido decrease, inability to relax, muscle tension, difficulties adjusting to injury, and concentration difficulties. X reponed during the interview that the primary location of X pain was in X left shoulder, shoulder blade/ arm/ wrist. X reported that the pain felt sharp from X shoulder and in X hand. X used the following words to describe the pain which X experienced since the injury: constant, stabbing, dull, sharp, throbbing, numbness, pins and needles, and tingling. X rated X pain level at an "X" (based on the VAS scale from X) on an average day. X reported that X pain at times could flare up to a level "X" (based on the VAS scale from X) on X worst days, and get down to a level ''X" on X best days. Activities that X reported increased pain included: any movement and even getting dressed. X reported that sleep and pain medicine helped to decrease X pain. X reported that pain interfered in X daily life, especially X social life, and X was

inactive, gained weight making X clothes not fit properly and could not do as much to serve others with the pain. X reported sleeping about X hours per night with many interruptions and awakenings. X reported difficulty staying asleep due to the pain. X reported feeling restless and not getting rest during the day. X reported no physical activity. X reported X was unable to do X blogging, cooking, cleaning anymore due to X work-related injury. X reported X was the X and unable to fulfill X duties and also take care of X "non-profits." X reported being X and not able to fulfill those duties. X reported X was an X. X reported feeling uncomfortable around X. X reported that X biggest worry was "bills. X expressed a desire to learn how to manage and lower X pain and go back to work. X appeared to be in pain during the interview and heavily guarded X left arm. X reported X could not lift X left arm and had very weak grip in X left hand. X reported difficult showering and had to sleep on the couch due to X arm and not being able to use it properly to get out of the bed. X reported X quality of life was a X on a X-point scale. X reported continued pain after X months of an injury. X reported having difficulty managing X pain and experienced some interference with activities of daily living due to X pain and difficulties adjusting to X injury. X reported that X experienced symptoms of frustration, sadness, muscle tension, fear of re-injury, and increased concerns with X physical health. X was also experiencing stress regarding the treatment process of X injury. X was under emotional distress and had many feelings that X had not expressed or explored. X had tried to remain as active as possible; however, is having difficulty coping with X recurrent pain and adjustment difficulties relating to X injury. On the Beck Depression Inventory II (BDI-II), X scored a X, within the mild range of the assessment. On the Beck Anxiety Inventory (BAI), X scored an X, within the mild range of the assessment. On the Screener and Opioid Assessment for Patients in Pain-Revised (SOAPP-R), X scored an X, indicating a low risk for abuse of prescribed narcotic pain medications. The Fear Avoidance Beliefs Questionnaire (FABQ) was administered to X, and the foll scores were received: Work scale X (low). Activity scale = X (high). On mental status examination, the mood seemed depressed and anxious. X affect was congruent to mood. X noted that X self-reported tendency toward experiencing feelings of depression, anxiety, and somatization thus, impaired

future adjustment to employment. Individuals with this complex interplay of psychological and physiological symptoms tended to respond more favorably and rapidly to a X. With this program, X could be encouraged to start with small goals that may help X feel hopeful. After experiencing some success, X would be able and motivated to advance to bigger goals. Any slight improvement experienced by X would help increase X hope for recovery. While in the program, X would engage in a psychopharmacological evaluation and education with the assistance and collaboration of X treating physician. In summary, the pain resulting from X injury had severely impacted normal functioning physically and interpersonally. X reported frustration and stress related to the pain and pain behavior, in addition to decrease ability to manage pain. Pain had reported high stress resulting in all major life areas. X would benefit from a course of X. It would improve X ability to cope with pain, anxiety, frustration, and stressors, which appeared to be impacting X daily functioning. X should be treated daily in a X. The program was staffed with X. The program consisted of, X. These intensive services would address the ongoing problems of coping, adjusting, and returning to a higher level of functioning as possible. On X, X was evaluated by X, MD, with regard to a work-related injury sustained on X. X stated X felt about the same, and reported throbbing, burning, sharp, pins and needles, numb and tingling, X pain, inability to work, intermittent and constant pain made worse by moving and better by sleeping. X reported no new symptoms. X was following the treatment plan, but it did not help, and X was still in a lot of pain. X took X, which helped X sleep. X had multiple X. On musculoskeletal examination, range of motion of the shoulder was decreased, with abduction to X degrees. X was unable to place X hand behind X back. motor strength was X in the upper extremity. No allodynia, dysesthia, or trophic changes were noted in the left upper extremity. The assessment was X. Dr. X noted X was pending a functional capacity evaluation for X. X underwent a Functional Capacity Evaluation (FCE) by X, NASM-CPT on X. The purpose of this Job Specific Functional Capacity Evaluation was to determine X functional abilities as they related to the essential physical demands of X job as X. This job specific evaluation was performed in a 100% kinesiophysical approach and X demonstrated the ability to perform X of the physical demands of X job as a X.

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The return to work test items X was unable to achieve successfully during this evaluation included: Simple Grasping (Occasional), Firm Grasping (Occasional), Pinching (Occasional), Fine Coordination (Constant), Gross Coordination (Constant), walking (Frequent), Forward Reaching (Constant), Dynamic Balance (Frequent), Occasional Unilateral Carry (X pounds), Occasional Pushing (X HFP), Occasional Pulling (X HFP), Stair Climbing (Occasional). X demonstrated the ability to perform within the SEDENTARY Physical Demand Category based on the definitions developed by the US Department of Labor and outlined in the Dictionary of Occupational Titles, which was below X jobs demand category. Based on sitting and standing abilities, X may be able to work full time within the functional abilities outlined in this report. It was to be noted that X job as a X was classified within the HEAVY Physical Demand Category. During objective functional testing, X demonstrated consistent effort throughout X of this test which would suggest X put forth full and consistent biomechanical and evidence based effort during this evaluation. Throughout objective functional testing, X reported reliable pain ratings X of the time, which would suggest that pain could have been considered a limiting factor during functional testing. In summary, X appeared to perform with good effort and being unable to open and close a grip with X left hand. X performed with limiting factors of increased pain, limited range of motion, evaluator stopped, and sensation. During this evaluation, X was unable to achieve X of the physical demands of X job/occupation, The limiting factor(s) noted during these objective functional tests included: Increased Pain, Compensatory Techniques, Substitution Patterns, Inadequate Strength, Evaluator Stopped, Limited Range of Motion, and Sensation. Based on pre-testing reported pain levels X pain reports could be considered reliable, and pain may contribute to functional limits during functional testing. X performed the Physical Activity section of the Fear Avoidance Belief Questionnaire and scored a X which would suggest X was a high fear avoider and the potential for unreliable pain reports during functional testing. X also performed the Work Activity section of the Fear Avoidance Belief Questionnaire and scored a X which would suggest X was a low fear avoider and the potential for reliable pain reports during functional testing. The McGill pain questionnaire was performed and X scored X points on this

questionnaire which would suggest poor psychodynamics and the potential for unreliable pain reports during functional testing. The Oswestry Low Back Disability Questionnaire was performed and X scored at a X which would suggest crippled. Back pain impinged on all aspects of X lives both at home and at work, and positive intervention was required. This level may suggest the potential for unreliable pain reports during functional testing.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: "Principal Reason(s) for the Determination: Certification is not supported as the requests do not meet guidelines. See detailed explanation below." "ODG recommends X. Continued therapy may be indicated when all of the following are present, functional progress has been made during initial therapy or plan of care has been modified or reevaluated every X weeks, patient is actively participating in treatment session, physical therapy is adherent to plan of care and rehabilitation goal have not yet been attained. In this case, the claimant experiences the symptom of frustration, sadness, muscle tension, fear of re-injury and increased concern with physical health. Upon discussion, the MA stated that the claimant has had years of X. The MA stated that the claimant has a has high level of fear avoidance that would be more effectively addressed in the X. The MA stated that the claimant has tried X. The MA stated that the claimant would be a good candidate for the X. There is mild depression and mild anxiety noted. There is no evidence that the claimant has X. Guidelines note that all lower levels of care should be trialed and failed prior to consideration of this type of program and this would include psychological interventions. Absent clear evidence of a failure of all lower levels of care. The guideline criteria are not met. Therefore, this request is not medically necessary."

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Per an appeal review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: “Principal Reason(s) for the Determination: Full certification is not supported as the requests in their entirety do not meet guidelines. See detailed explanation below.” “ODG indicates that X. Integrative summary reports that include treatment adherence, goals, progress assessments with objective measures, and treatment stage should be available upon request at least biweekly during the treatment program. Treatment should not continue for more than X weeks without adherence and clear evidence of significant efficacy demonstrated by objective and subjective improvements. If a patient shows initial progress, treatment should not be halted after X weeks merely to document these gains. The more traditional models of interdisciplinary pain management often provide tertiary care, a more intensive palliative treatment for chronic pain. Different results based on intensity of treatment, with variables such as age, diagnosis, gender, pain duration, and prognosis, may occur. Outpatient programs typically offer part-time (X days per week) or full-time (X days per week) programs with an average total treatment time of approximately X weeks. X duration should generally not exceed X weeks, with the first X days effectively constituting an evaluation period. Extensions beyond this require a rationale for the extension, an individualized care plan including clear, attainable goals, and evidence of documented improvement from the facility. In this case, the claimant was previously non-certified for a X. The recent appeal notes that prior X was not related to the current injury. The provider also documents ongoing psychological symptoms, including anxiety and depression, which reflect the emotional impact of chronic pain and physical limitations. Additionally, the claimant’s fear-avoidance scores remain elevated, with a score of X for activity and X for work. Considering such, there is no indication that X has been attempted to address the current issue and failed. Given such, the requested appeal for X is not supported. Without approval of X is also not medically necessary Therefore, this request is not medically necessary.”

Based on the clinical information provided, the request for X is not recommended

as medically necessary and the previous denials are upheld. Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “Principal Reason(s) for the Determination: Certification is not supported as the requests do not meet guidelines. See detailed explanation below.” “ODG recommends X. Continued X may be indicated when all of the following are present, functional progress has been made during initial therapy or plan of care has been modified or reevaluated every X weeks, patient is actively participating in X. In this case, the claimant experiences the symptom of frustration, sadness, muscle tension, fear of re-injury and increased concern with physical health. Upon discussion, the MA stated that the claimant has had X. The MA stated that the claimant has a has high level of fear avoidance that would be more effectively addressed in the X. The MA stated that the claimant has X. The MA stated that the claimant would be a good candidate for the X. There is mild depression and mild anxiety noted. There is no evidence that the claimant has X. Guidelines note that all lower levels of care should be trialed and failed prior to consideration of this type of program and this would include psychological interventions. Absent clear evidence of a failure of all lower levels of care. The guideline criteria are not met. Therefore, this request is not medically necessary.” Per an appeal review adverse determination letter dated X, the appeal request for X was denied by X, MD. Rationale: “Principal Reason(s) for the Determination: Full certification is not supported as the requests in their entirety do not meet guidelines. See detailed explanation below.” “ODG indicates that X. Integrative summary reports that include treatment adherence, goals, progress assessments with objective measures, and treatment stage should be available upon request at least biweekly during the treatment program. Treatment should not continue for more than X weeks without adherence and clear evidence of significant efficacy demonstrated by objective and subjective improvements. If a patient shows initial progress, treatment should not be halted after X weeks merely to document these gains. The more traditional models of interdisciplinary pain management often provide tertiary care, a more intensive palliative treatment for X. Different results based on intensity of treatment, with variables such as age, diagnosis, gender, pain duration, and prognosis, may occur. Outpatient

programs typically offer part-time (X days per week) or full-time (X days per week) programs with an average total treatment time of approximately X weeks. X duration should generally not exceed X weeks, with the first X days effectively constituting an evaluation period. Extensions beyond this require a rationale for the extension, an individualized care plan including clear, attainable goals, and evidence of documented improvement from the facility. In this case, the claimant was previously non-certified for a X.

The recent appeal notes that prior X was not related to the current injury. The provider also documents ongoing psychological symptoms, including anxiety and depression, which reflect the emotional impact of chronic pain and physical limitations. Additionally, the claimant's fear-avoidance scores remain elevated, with a score of X for activity and X for work. Considering such, there is no indication that X has been attempted to address the current issue and failed. Given such, the requested appeal for X is also not medically necessary Therefore, this request is not medically necessary. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. There is no documentation of lower levels of psychological treatment despite presenting with fear avoidance, depression and anxiety symptoms. The submitted clinical records indicate that the patient reports that X is unable to lift X left arm. It is unclear if the patient would be able to fully, actively participate in a X. Therefore, medical necessity is not established in accordance with current evidence based guidelines. Initial 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:
The recent appeal notes that prior X was not related to the current injury. The provider also documents ongoing psychological

symptoms, including anxiety and depression, which reflect the emotional impact of chronic pain and physical limitations. Additionally, the claimant's fear-avoidance scores remain elevated, with a score of X for activity and X for work. Considering such, there is no indication that X has been attempted to address the current issue and failed. Given such, the requested appeal for X is not supported. Without approval of X is also not medically necessary Therefore, this request is not medically necessary. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The submitted clinical records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. There is no documentation of lower levels of psychological treatment despite presenting with fear avoidance, depression and anxiety symptoms. The submitted clinical records indicate that the patient reports that X is unable to lift X left arm. It is unclear if the patient would be able to fully, actively participate in a X. Therefore, medical necessity is not established in accordance with current evidence based guidelines. X is not medically necessary and non-certified

Upheld

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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