

CPC Solutions
An Independent Review Organization
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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision: X

Description of the service or services in dispute: X

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)

Information Provided to the IRO for Review: X

Patient Clinical History (Summary)

The claimant is a X whose date of injury is X. The mechanism of injury occurred due to X. X was X. The claimant sustained X. Treatment to date includes X. PT note dated X indicates that the claimant reports that X thumb is feeling better and wants to continue to work on increasing functional strength. The plan is to continue with the care plan. Functional capacity evaluation dated X indicates that the claimant has pain and lack of function in X arms and hands. The provider notes that the FCE results are considered valid. The claimant did not reach the lifting or carrying requirement for the job. Isolated tests for range of motion and/or strength identified deficits which will make it difficult or unsafe to perform lifting, carrying, gripping, pushing or pulling. Entering pain management or functional restoration program with emphasis on strengthening and conditioning to address musculoskeletal deficits, learn pain negotiating techniques, and train in progressive return to work activities. The claimant presently performing at below sedentary physical demand level. The follow-up note dated X indicates that the claimant presents with continued subjective complaints of postoperative bilateral upper arm pain with radiation to right elbow and up to left shoulder. X suffered from X. X pain is continuous and frequently severe, X also complains of depression, anxiety, mood swings, and insomnia since the injury. The claimant has completed an interdisciplinary evaluation and has reached the point where X is exhausted by all other treatment options. On physical examination objective findings note, swelling which has improved in left hand with some slight improvement in contracture of finger with persistent dusky color to skin, which has also slightly

improved with limited bilateral shoulder range of motion. The physical demand level for job preinjury was in the medium/heavy range. The current physical demand level tested at this visit is below sedentary. The mental health evaluation shows moderate insomnia, extreme fear-avoidance beliefs and behaviors, and severe depression. Assessment is X. The provider states that based on the Interdisciplinary Evaluation, the claimant would qualify for the functional restoration program (FRP). The provider is requesting a X. Note dated X indicates that the claimant has X. X also has no compensable right leg pain where the skin grafts and vein were removed. The patient has taken a long time to X. Chronic contractures of the fingers and wrists cannot be X. The patient's psychological sequelae could be worked on to help with acceptance of the chronic results of the injury.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The request for X is not recommended as medically necessary. The initial request was non-certified noting that, "In this case, the claimant presents with continued subjective complaints of postoperative bilateral upper arm pain with radiation to right elbow and up to left shoulder. X suffered from X. X pain is continuous and frequently severe. X also complains of depression, anxiety, mood swings, and insomnia since the injury. The claimant has completed

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options. On physical examination objective findings note, swelling which has improved in left hand with some slight improvement in contracture of finger with persistent dusky color to skin, which has also slightly improved with limited bilateral shoulder range of motion. The physical demand level for job preinjury was in the medium/heavy range. The current physical demand level tested at this visit is below sedentary. The mental health evaluation shows X. Assessment is X. The provider states that based on the Interdisciplinary Evaluation, the claimant would qualify for the X. The provider is requesting a X. Once authorized, X will begin the X. However, in that a multidisciplinary assessment has not been made, the request does not meet guideline criteria and is not supported. Therefore, the request is not certified.” The denial was upheld on appeal noting that, “The patient was last seen on X. On that day, the patient presented with bilateral upper arm pain radiating to the right elbow and up to the left shoulder. The patient had completed an X. The patient’s past medical history X. On examination, the swelling was better in the left hand, and there had been some slight improvement in the contracture of the finger, with a persistent dusky color to the skin showing slight improvement. The right shoulder range of motion and left shoulder range of motion were deficient. The physical demand level for the job is medium/heavy, while the current physical demand level is X. The mental health evaluation showed X. At this juncture, given the X treatment guidelines and this patient’s current clinical profile, the request for X has no medical necessity (X is requested). An X. Moreover, peer-reviewed literature shows that those individuals who have been decommissioned due to a work-related injury, and have not been working or have been working with significant restrictions for more

than X months, are not likely to resume work and perform the essential duties of their former job, X of the time. This claimant has significant pathology in the upper arms, which cannot be cured, restored, or reversed through ergonomic training, or change of beliefs that emotions have a significant impact on pain experience. Moreover, the claimant had significant mental health issues which are negative indicators for successful X. Currently, the patient is X. With a reasonable degree of medical certainty, X is not likely to result in transitioning this associate into a medium to heavy physical demand level. As such recommendation is for non-certification. Therefore, the requested APPEAL: X is not medically necessary.” There is insufficient information to support a change in determination, and the previous non-certifications are upheld. The claimant sustained injuries approximately X years ago. The length of time removed from the date of injury is a negative predictor of success in the program. The patient’s only current medications are X. It is unclear if the claimant has a job to return to currently. Functional capacity evaluation indicates that current X. The submitted X. There is no documentation on recent or ongoing active treatment modalities. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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ODG by MCG X for Pain (Last review/update date:

X), ODG by MCG X for Pain (Last review/update date: X),

Conditionally Recommended

Recommended for selected patients with chronic disabling pain, although research is still ongoing as to how to most appropriately screen for inclusion in these programs.

ODG by MCG Chronic Pain Programs for Pain (Last review/update date: X),

Conditionally Recommended

Recommended where there is access to programs with proven successful outcomes (i.e., decreased pain and medication use, improved function and return to work, decreased utilization of the health care system), for patients with conditions that have resulted in "Delayed recovery."

ODG Criteria

Criteria for the general use of multidisciplinary pain management programs:

Outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances:X

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A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Internal Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines

- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- TMF Screening Criteria Manual

- Peer Reviewed Nationally Accepted Medical Literature (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)