

US Decisions Inc.
Notice of Independent Review Decision
US Decisions Inc.
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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)

Provide a description of the review outcome that clearly states whether medical necessity exists for **each** of the health care services in dispute.

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INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X is a X who was injured on X. X trapped X left hand with a crush injury between the door and door frame. The diagnosis was crushing injury of left wrist, initial encounter (X). On X, X, MD evaluated X for a work-related injury sustained while working for X. After the injury, X just had surgery in X or X and was having severe pain postoperative. X stated that the pain was sharp, shocking and constant. X had physical therapy without any improvement. X was on X, which did not really help. X was taking X for pain. X had received physical therapy, but the physical therapy had to be stopped because of the sensitivity of the hands. Home exercises had not helped X. X had some type of injection and X had surgery on X left forearm by Dr. X. X had MRIs and other imaging studies. On examination, there was dysesthesia and allodynia, swelling in the left ulnar region of the dorsal aspect of the forearm with a well-healed scar noted approximately 2 to 3 cm long. Range of motion of the fingers was normal with discomfort, but no allodynia, dysesthesia, or trophic changes in the left fingers. Motor strength was otherwise intact. On X, X, MA, LPC / X, PhD, LPC-S had performed behavioral evaluation. Dr. X documented that 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 pain management. It would improve X ability to cope with pain, anxiety, frustration, and stressors, which appear to be impacting X daily functioning. X should be treated daily in a pain management program with both behavioral and physical modalities as well as medication monitoring. The program was staffed with multidisciplinary professionals trained in treating chronic pain. The program consisted of, but was not limited to X. These intensive services would address the current problems of coping, adjusting, and returning to a higher level of functioning as possible. Psychological testing revealed Beck Depression Inventory II (BDI-II) score of 21 indicating moderate severity of depression. Beck Anxiety Inventory (BAI) score was 13 indicating mild anxiety. Screener and Opioid

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Assessment for Patients in Pain-Revised (SOAPP-R) score was 16 indicating low risk for abuse of prescribed narcotic pain medications. Fear Avoidance Beliefs Questionnaire (FABQ) revealed Work Scale of 42/42 (high) and Activity Scale of 24/24 (high). Per a Functional Capacity Evaluation (FCE) dated X, X, NASM-CPT opined that X arrived early, completed functional testing with less emphasis on X left wrist grip than X right; using X right wrist to dominate holding and pressing. X performed with limiting factors of compensatory techniques, increased pain, and safety concern. During this evaluation, X was unable to achieve 100% of the physical demands of X job / occupation. The limiting factor(s) noted during these objective functional tests included: X terminated, compensatory techniques, inadequate strength, increased pain, limited range of motion and safety concern. The purpose of this baseline functional capacity evaluation was to determine X overall musculoskeletal and functional abilities as it related to the physical demands outlined by the United States Department of Labor in the Dictionary of Occupational Titles. X demonstrated the ability to perform 28.4% of the physical demands of X job as a X. The return to work test items X was unable to achieve successfully during this evaluation include: occasional squat lifting, frequent squat lifting, occasional power lifting, frequent power lifting, occasional shoulder lifting, frequent shoulder lifting, occasional overhead lifting, occasional bilateral carrying, frequent bilateral carrying, occasional pushing, frequent pushing, occasional pulling, frequent pulling, gross motor coordination, fine motor coordination, simple grasping, firm grasping, pinching, sustained squatting, walking, forward reaching, above shoulder reaching and sitting. X demonstrated the ability to perform within the Light Physical Demand Category (PDC) 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 should be noted that X job as a X was classified within the Heavy Physical Demand Category. About consistency of effort, during objective functional testing. X demonstrated consistent effort throughout 68.8% of this test which would suggest X presented with segmental inconsistencies during this evaluation resulting in mild self-limiting behaviors/sub-maximal effort. During this test, the items that were inconsistent included right five span grip inconsistencies, left five span grip inconsistencies, right hand pinch

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strength inconsistencies, left hand pinch strength inconsistencies and right five span grip strength testing inconsistencies secondary to higher right rapid grip exchange results. Regarding reliability of pain rating, throughout objective functional testing, X reported reliable pain ratings 40.0% of the time which would suggest unreliable functional pain ratings. The functional abilities demonstrated in this evaluation did not represent a true and accurate representation of X overall physical capabilities secondary to the unreliable pain reports. The results of this evaluation represent a minimal level of functioning for X. A Triple-Phase bone scintigraphy dated X revealed hyperemia with intense focal uptake in the left wrist, more pronounced medially, compatible with fracture or osteonecrosis. Radiographic correlation was recommended. Treatment to date included X. Per a peer review dated X and a utilization review adverse determination letter dated X by X, MD, the request for X was denied. Rationale: "Regarding X, ODG states that the patient has a chronic pain syndrome, with evidence of loss of function that persists beyond three months and has evidence of three or more of the following: (a) Excessive dependence on healthcare providers, spouse, or family; (b) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain; (c) Withdrawal from social activities or normal contact with others, including work, recreation, or other social contacts; (d) Failure to restore preinjury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs. In this case, the cited guideline notes that all lower levels of care should be trialed and failed prior to this program, and this would include psychological interventions. While the claimant has chronic complaints and is noted to have behavioral issues, there is no documentation that psychological intervention has attempted to address these issues and has failed. As such, there is no evidence that other appropriate medical and/or invasive care has been attempted and proven to be inadequate to restore functional status. Thus, the medical necessity of requested treatment is not established. The request is denied. "Per an appeal dated X, X, PhD, LPC-S / X, MD documented that X was denied the X. X had exhausted lower level care. X had X. X scored high for fear of re-injury as indicated on page 4 of the behavioral evaluation dated X. The X involves X to help X gain strength and confidence and lessen fear at the same time to be able to go back to X job as a X. X met ODG. No peer review attempt was made on first review. Per a

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peer review dated X and a reconsideration / utilization review adverse determination letter dated X by X, MD, the request for appeal X was denied. Rationale: "The Appeal request for X is not recommended as medically necessary. The claimant reports that a door was closed on X wrist. The submitted functional capacity evaluation indicates that the claimant demonstrated consistent effort throughout 68.8% of the test which would suggest X presented with segmental inconsistencies during the evaluation resulting in mild self-limiting behaviors/sub-maximal effort. X reported reliable pain ratings 40% of the time which would suggest unreliable functional pain ratings. The functional abilities demonstrated on the evaluation do not represent a true and accurate representation of the claimant's overall physical capabilities secondary to the unreliable pain reports. There is no valid functional capacity evaluation report submitted for review. Therefore, medical necessity is not established in accordance with current evidence-based guidelines. "Thoroughly reviewed provided records including provider notes and peer reviews. As documented in initial documentation as well as in appeal letter, the patient at this time meets cited ODG criteria for the request for X. This is based on the time course, as well as the treatment options already pursued. Unreliable subjective reporting of pain does not preclude the patient from participating in X but conversely lends credence that pursuing said program is a reasonable treatment option. 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 and peer reviews. As documented in initial documentation as well as in appeal letter, the patient at this time meets cited ODG criteria for the request for X. This is based on the time course, as well as the treatment options already pursued. Unreliable subjective reporting of pain does not preclude the patient from participating in X but conversely lends credence that pursuing said program is a reasonable treatment option. X is medically necessary and certified

Overturned

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