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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 was injured on X. X sustained a X. The diagnosis was Trigger thumb, right thumb (X).

On X, X, MD evaluated X for symptoms related to the work-related injury sustained while working for X on X. X felt about the same sharp, numb pain, rated X. X was unable to work. Grabbing and gripping made the pain worse. Nothing made it better. X was following the treatment plan, but it was not helping. X was on X. X had X. X had been denied a X. X had some type of X, but it was still hurting quite a bit. X had X. On examination, X weight was 190 pounds and body mass index was 30. Musculoskeletal examination revealed there was point tenderness at the base of X thumb when pressing and palpating. X work was not allowing X to be released back to full duty without being X better because X was having pain while grasping and gripping, which was obviously needed as part of X job as a X. For some reason, X was denied. It was believed that would improve X functionality and get X back towards MMI and the ability to do X job. This was denied in spite of meeting ODG. X did feel quite discouraged about X situation.

On X, X was evaluated by X, LPC; X, PhD and X, MD for behavioral evaluation. X Beck Depression Inventory II (BDI-II) score was X which was within minimal range of the assessment. Beck Anxiety Inventory (BAI) score was X which was within the minimal range of the assessment. The Screener and Opioid Assessment for Patients in Pain-Revised (SOAPP-R) score was X indicating low risk for abuse of prescribed narcotic pain medications. Fear Avoidance Beliefs Questionnaire (FABQ) revealed Work Scale of X (low), Activity Scale of X (low). Mental status

examination revealed mood seemed euthymic. The pain resulting from X injury had severely impacted normal functioning physically and interpersonally. X reported frustration and anger related to the pain and pain behavior, in addition to decrease ability to manage pain. The pain had reported high stress resulting in all major life areas. X would benefit from a course of pain management.

A Functional Capacity Evaluation (FCE) was performed on X by X, CPT / X, MD. X has demonstrated the ability to perform X of the physical demands of X job as a X. X demonstrated the ability to perform within the Light Physical Demand Category based on the definitions developed by US Department of Labor and outlined in the Dictionary of occupational tiles which was below X jobs demand category. Based on the sitting and standing abilities, X may be able to work full time within the functional abilities outlined in the report. It should be noted that X job as a X was classified within the heavy Physical Demand Category. X demonstrated consistent effort throughout X of the test which would suggest X put forth full and consistent biomechanical and evidence based effort during this evaluation. Throughout the 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. X limiting factors included increased pain and limited range of motion.

Per a progress summary dated X, X, CPT / X, MD evaluated X began attending the X. X had completed X. X was continuing to progress toward X goals and ability to improve in the daily activities of X life. X participated in the written assignments and was willing to share X thoughts with X group members. X was learning adequate coping mechanisms to deal with the multifaceted deficits which were occurring as a response to X injury. X demonstrated the need for X. X was continuing to recognize and put into practice the learned natural restorative techniques to manage more effectively X stress, tension, and pain. These techniques were also continuing to be effective in helping X begin to manage depression, stress, and anxiety symptoms. X had been compliant with the program. At the present time, pain symptoms still appeared to be impairing work,

social and personal functioning, however, X was making progress in X ability to cope with these pain related symptoms. Since X date of injury on X, X seemed to have been suffering from anxiety, depression, muscular tension, and had since developed chronic pain symptoms, and it had been affecting X life. X reported that the pain program had helped X become aware of X adjustment difficulties and realize that X did need some support to help overcome X fears and difficulties with pain and functioning. X reported high pain levels. X reported that X had felt improvement with X pain and used physical exercise to manage it. X had continued to exhibit commitment in the program. X reported that upon entering the program X was suffering from fear of future re-injury and other return to work concerns; however, after completion of X. With the help of the X, X continued to work on X goals of getting at a better level with X functioning. Regarding pain, when X initially came into the program X wanted to address poor pain management, coping skills, emotional distress, and negative thought patterns and to decrease and eliminate any symptoms of depression and anxiety. X was continuing to demonstrate improvement in these areas. X was beginning to identify these depressive and anxious symptoms and was progressing in X ability to manage and then decrease these emotional stressors more effectively. Before participating in the program, X was reporting that X levels of pain would average around a level "X" (based on the VAS scale from X) for X thumb. After several sessions of the X, X current level of pain was at a "X" (based on the VAS scale from X) for X back. X had learned more about the connection between mind and body and demonstrated understanding of how this relates to X life and pain. X had participated in various natural restorative processes, which seem to improve X ability to lower stress reactions, reduce tension, more effectively manage pain, and improve X health. Regarding X, X began the X able to perform X minutes of Cardiovascular Activity on the stationary bicycle at X miles and X minutes on the treadmill at 0.16 miles. X was able to lift by starting in a low bend / squatting position X pounds. X was at a sedentary level for overhead lift but was at night. X had met X of X squat lift and X for X push and pull. It was recommended that X participate in additional X to increase X cardiovascular tolerance up to X plus minutes on Treadmill and increase X strength up to X plus pounds squat lift.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “Per ODG: "X: X. Patient is actively participating in treatment sessions. Patient is adherent to plan of care. Rehabilitation goals have not yet been attained. " Based on the provided documentation, the claimant is diagnosed with unspecified injury of right wrist, hand and finger(s), initial encounter. The claimant reported upper extremity pain. The provider would like the claimant to continue with X. It was noted the X helps. The claimant has been treated with X. It was noted the claimant was previously denied a X. There is no formal diagnosis of X. It is unclear how many hours the claimant has attended previously of a X. Therefore, medical necessity has not been established. This request is noncertified.”

Per a reconsideration review adverse determination letter dated X, the request for X was denied by X, MD. Rationale: “According to guidelines, “X are conditionally recommended. These programs are appropriate for patients with pain and loss of function persisting beyond X, or for those with pain and loss of function lasting X accompanied by risk factors for chronicity, including negative pain beliefs, psychosocial sequelae, excessive dependence, negative work beliefs, deconditioning, passive treatment expectations, or social withdrawal. Usual treatments must have failed, and the patient should not have received previous multidisciplinary rehabilitation for the same condition. The level of care, whether outpatient or inpatient, is determined by the complexity of medical or psychological needs, functional capacity, and medication management requirements. X requires evidence of functional progress, active participation, and adherence to the plan of care. Programs should document progress biweekly, and treatment should not continue without clear evidence of efficacy. " ‘In this case, the patient has received treatment with X. It is noted that a previous request for a X was denied due to unclear functional progress and lack of a formal chronic pain diagnosis. In this case, there is no formal diagnosis of X documented.

Additionally, the number of hours previously attended in a X. As a result, medical necessity has not been demonstrated. Therefore, the appeal request for X is upheld and non-certified."

The requested X is not medically necessary. It remains relevant that no formal diagnosis of X. It is not clear in the records the X. Thus, medical necessity cannot be established. No new information has been provided which overturn the previous denials. 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 requested X is not medically necessary. It remains relevant that X. It is not clear in the records the X. Thus, medical necessity cannot be established. No new information has been provided which overturn the previous denials. 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