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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: X; Amendment 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW: • X

PATIENT CLINICAL HISTORY [SUMMARY]: X who sustained an injury on X while a X. The diagnoses included chronic left hand pain from traumatic work injury, left arm pain, left wrist pain, and complex regional pain syndrome (CRPS). X was seen

by X, DO on X for a follow-up of left hand swelling and hyperesthesia associated with CRPS and traumatic hand injury. X swelling and sensitivity both came down since X. But, X continued to show deformities, contracture, and contractions of the left hand. The plan was to X, X was seen by Dr. X for chronic pain complaint known as CRPS following a severe left-hand injury. It resulted in contractures, swelling, hyperesthesia, allodynia, and significant pain. X previously responded favorably to a X. At the time, X reported more than X pain relief and demonstrated improved metacarpophalangeal and proximal interphalangeal joint mobility, which was absent at initial presentation. Although fixed deformities remained, functional improvement was evident. X pain had recently increased to X, likely due to weather changes. X recently underwent X. A X was recommended that may provide immediate relief, improve function, reduce medication use, and prevent disease progression. Urine drug screen was X. Treatment to date included X. Per the utilization review by X, MD on X, the request for X was non-certified. Rationale: "The Official Disability Guidelines was cited regarding a X. The guideline recommends a X. The X should be used as part of a X. The type of X may be a X for upper extremity CRPS. The procedure should be performed under X. The Official Disability Guidelines do not offer recommendations regarding X; therefore, an article from UpToDate was cited. During light or X. Based on the medical records and guideline recommendation, the request for a X is not warranted. The claimant has been diagnosed with CRPS of the left upper extremity. They underwent a X on X. As a result of the X, the claimant had less sensitivity and less burning pain, and were at least X or more improved. However, they still had stiffness and felt the pain was starting to recede. Although the claimant had significant improvement with the X, it remains that they do not meet the criteria for a X as there is X. Therefore, the request for X is non-certified." Per the utilization review by X, DO on X, the request for X was non-certified. Rationale: "Per the submitted documentation, the request is not warranted. The previous non-certification was due to X. A follow-up note submitted by X, DO, on X states that the claimant has been diagnosed with Complex Regional Pain Syndrome (CRPS) following a severe left-hand injury that resulted in contractures, swelling, hyperesthesia, allodynia, and significant pain. The claimant previously responded favorably to a X. Currently, they report more than X pain relief and demonstrate improved metacarpophalangeal and proximal interphalangeal joint mobility, which was absent at initial presentation. Although fixed deformities remain,

functional improvement is evident. Their pain has recently increased to X to X, likely due to weather changes. Medications include X. They also recently X. A X may provide immediate relief, improve function, reduce medication use, and prevent disease progression. The Official Disability Guidelines states that a X is indicated only if all of the following criteria are met: X. The Official Disability Guidelines do not offer recommendations regarding X; therefore, an article from UpToDate was cited. During procedures like X is unnecessary. While X may be indicated in more complex or prolonged cases, X is still a widely accepted, safe, and appropriate option for X. The claimant has been diagnosed with Complex Regional Pain Syndrome (CRPS) following a severe left-hand injury that resulted in contractures, swelling, hyperesthesia, allodynia, and significant pain. They previously X and reported more than X pain relief, reduced burning pain, and improved metacarpophalangeal and proximal interphalangeal joint mobility, which was absent at initial presentation. Despite these improvements, the claimant continues to experience stiffness and residual pain, currently rated at X to X, likely exacerbated by weather changes. Based on the documentation, the claimant meets several ODG criteria, including significant pain improvement, increased range of motion and function, and the use of an appropriate X type for CRPS. However, they do not meet all required criteria, as there is no documentation of an X. Because all criteria must be satisfied for certification under ODG guidelines, the request for a X is not supported at this time. The use of X is not considered medically necessary because the requested X is not clinically warranted. Therefore, the appeal request for X is non-certified.”

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the submitted documentation, there is insufficient information to support a change in determination, and the previous non-certifications are upheld. The Official Disability Guidelines note that for X. All of these criteria must be met in order to X. In this case, there is documentation of improvement in pain and increase in function and range of motion; however, there is X. Based on the clinical information provided, the request for X is not medically necessary and the previous denials are upheld.

Upheld

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)