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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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- X

PATIENT CLINICAL HISTORY [SUMMARY]:

X who was injured X. X hand was lacerated by a X. The diagnoses were partial traumatic transphalangeal amputation of left middle finger, initial encounter (X) and laceration without foreign body of left ring finger without damage to nail, initial encounter (X).

Per a mental health evaluation dated X by X, MS, LPC, NCC, X were recommended. X demonstrated a high level of motivation; however, X was experiencing significant difficulty adjusting to X health condition at the time. X reported elevated levels of stress and concern related to X employment as well as limitations in X ability to complete daily tasks and engage in activities X previously enjoyed. Per a reassessment dated X by X, moderate depression with PHQ-9 score X (previously X) and mild anxiety on GAD-7 score X (previously X) were noted. Additional X were recommended. A reassessment dated X by X, Med, LPC / X indicated X attend X. X progress had not changed much since X previous assessment for X. X was still experiencing severe symptoms. X PHQ-9 score was X indicating moderately depressive symptoms and GAD-7 score was X indicating mild anxiety. X fear avoidance questionnaire belief score was X (previously X), which was moderate on the physical activity portion of assessment and a high score of X (previously X) on the work portion of the assessment. X score did decrease. Although X continued to experience distressing symptoms, X remained open and motivated to continue X treatment through the X. The goals of the X would include decreasing depression and anxiety levels by X points and including X. Per an X dated X, X reported increased anxiety related to X financial situation, noting persistent worry and stress. X discussed the impact of financial concerns on X mood and daily functioning. X including X were discussed. A functional capacity evaluation was documented on X by X, DCX was performing at a light to medium physical demand level at the time. X job had a heavy physical demand level. X was experiencing a moderate to severe functional deficit as it related to meeting the grasping/holding/squeezing with the left hand, floor lifting (currently X pounds versus X pounds job requirement), floor to shoulder lifting (currently X-X

pounds versus X pounds job requirement), floor to overhead lifting (currently X-X pounds versus X pounds job requirement), two hand carrying (currently X-X pounds versus X pounds job requirement), pushing (currently X-X pounds versus X pounds force required job requirement) and pulling (currently X-X pounds versus X pounds force required job requirement). X complaints included intermittent to frequent pain in the left middle finger with constant numbness and intermittent burning pain from the distal interphalangeal joint distally. There was also numbness on the tip of the ring finger. X and medication including X decreased the pain level; however, cold water and direct contact with activities increased the pain level. Examination revealed healed X. Palpation of the left middle finger revealed moderate X. Palpation of the left ring finger showed X. There was X. Motor strength was X in the fingers. The left middle finger range of motion showed proximal interphalangeal joint flexion X degrees, proximal interphalangeal joint extension X degrees, metacarpophalangeal joint flexion X degrees and metacarpophalangeal joint extension X degrees. Left ring finger range of motion showed DIP flexion X degrees, DIP extension 0 degrees, PIP flexion X degrees, PIP extension X degrees, MP flexion X degrees and MP extension X degrees. Grip measurements on hand dynamometer were decreased on the left than right hand. Pinch grip strength was also slightly decreased on the left than the right hand. X had completed X per the ODG recommendations. There were X. X also participated in X. X had been exhausted. X injury had reached a plateau in care and there were no further treatments pending. X functional state at the time required further X. The provider agreed with the recommendation of the mental health evaluation that an X would be appropriate as X met the criteria for X as defined by the ODG. Other methods of treating chronic pain had been unsuccessful and there were no other options for X that were anticipated to result in clinical improvement. The X would allow time to address X.

Treatment to date included X.

Per a utilization review adverse determination letter dated X, the request for X was denied by X, DC. Rationale: "ODG by MCG states: All underlying causes have been assessed and treated; appropriate X. Within the medical information available for review, there is documentation of intermittent to frequent pain in the left middle finger with constant numbness and intermittent burning pain from the DIP distally, along with numbness at the tip of the ring finger. Findings include

X. These symptoms persist despite X. Psychodiagnostic testing revealed X. However, there is no documentation of the presence of risk factors that increase the likelihood of transition to X, such as belief that pain is due to X. Therefore, I recommend non-certification of the requested X.

Per an appeal letter dated X by X, DC, Dr. X narrated as follows: "Regarding the non-certification, the peer review doctor is citing the criteria for "Pain with evidence of loss of function that persists for X weeks and ALL of the following. In this particular case, the claimant is beyond X weeks, therefore, the reasoning for the peer reviewer's denial is invalid/not applicable. Per the ODG, under the criteria for "Appropriate pain condition for X as indicated by X or more of the following:" the "Pain with evidence of loss of function that persists beyond X weeks" meet the criteria for that section. Additionally, the claimant has no previous X. Therefore, the claimant meets the criteria for the X."

Per a reconsideration review adverse determination letter dated X, the appeal request for X was denied by X, DC. Rationale: "ODG notes that X may be recommended for X or more of the following; X. In this case, information was left in a voicemail message by the provider. Dr. X stated that the claimant has reached a plateau after X. Dr. X stated with all other X have been exhausted and the claimant is a good candidate for the X. There is no evidence that the claimant had X. In addition, the request is for X. With X, the medical necessity of the request is not evident. Therefore, this request is not medically necessary and is denied."

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

ODG notes that X may be recommended for X or more of the following; X. As per the evaluation on X, the claimant was performing at a light to medium physical demand level at the time. X job had a heavy physical demand level. Grip measurements on hand dynamometer were decreased on the left when compared to the right hand. Pinch grip strength was also slightly decreased on the left than the right hand. X had completed X per the ODG recommendations. There were X had not been recommended. X participated in X with overall improvement. X of treatment had been exhausted. X injury had reached a plateau in care and there were no further treatments pending. However, the

documentation fails to correlate the findings with a functional deficit that can be repaired. The claimant has undergone X. There is limited correlation between missing the distal tip of the left middle finger and limited tolerance to whole-body motions such as floor lifting (currently X-X pounds versus X pounds job requirement), floor to shoulder lifting (currently X-X pounds versus X pounds job requirement), floor to overhead lifting (currently X-X pounds versus X pounds job requirement), two hand carrying (currently X-X pounds versus X pounds job requirement), pushing (currently X-X pounds versus X pounds force required job requirement) and pulling (currently X-X pounds versus X pounds force required job requirement). The claimant has completed X to ODG recommendations and has completed a X. There is limited indication as to why a program that would combine X. There is limited indication the claimant is unable to progress on X own with whole-body motions with the X completed with a X. The information related to the treatment plan was limited. Considering the majority of the workplace deficits documented X. The claimant exhibits pain with evidence of loss of function that persists beyond X weeks. Although several self-assessments are available for review, there is limited documentation related to the presence of risk factors that increase likelihood of transition to X. There is limited discussion related to how the claimant has reasonable probability to respond to treatment intervention when X demonstrated limited response to both X. There is no discussion related to X. There is limited discussion correlating the X. As such, the request for X is not medically necessary and the denial is upheld.

Upheld

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