

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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DATE OF REVIEW: **APRIL 30, 2007**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Prospective extension of the current CPMP for 10 more sessions.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

DC, Doctor of Chiropractic

REVIEW OUTCOME

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notification of IRO Assignment, Table of Disputed Services, Carrier EOBs
2. Carrier's position letter (through their attorneys), dated 4/24/07
3. Carrier's Non-Authorization Notice and Non-Authorization After Reconsideration Notice for current dispute, dated 3/12/07 and 3/27/07, respectively

4. Carrier's Non Authorization Notice (that denied) and Carrier's Authorization After Reconsideration Notice (that approved) the initial 10 sessions of CPMP, dated 12/28/06 and 1/23/07, respectively
5. Carrier's Extension Notice for authorization of 10 additional sessions of CPMP, dated 2/12/07
6. Operative report, not dated
7. Treating doctor's "New Patient Evaluation," dated 5/24/06
8. Anesthesiologist in Pain Control's narrative and report, dated 5/31/06
9. Treating doctor's narrative notes, varied dates
10. NCV/EMG, with report, dated 5/30/06
11. Initial Behavioral Medicine Consultation, dated 7/6/06
12. Sports Medicine orthopedist notes, dated 5/9/06, 6/13/06, 7/11/06, 8/8/06 and 10/17/06
13. Initial Functional Capacity Evaluation, dated 8/24/06
14. Work Hardening weekly summaries and daily activities sheets, varied dates
15. TDI Benefit Contested Case Hearing documents, dated 10/10/06
16. TDI "Order on Motion to Correct Clerical Error," dated 10/30/06
17. Intermediate Functional Capacity Evaluation, dated 11/2/06
18. Functional Abilities Evaluation, dated 11/28/06
19. Physical Therapy Evaluation and Treatment Plan, dated 11/28/06
20. Chronic Pain Management Interdisciplinary Plan & Goals of Treatment, dated 11/28/06
21. History and Physical for Chronic Pain (by attending osteopath), dated 12/6/06
22. Initial Request for 20 days of a CPMP, dated 12/7/06
23. Reconsideration Request for 20 days of Chronic Pain Management Program, dated 1/16/07
24. Rehabilitation/therapeutic exercise daily activity sheets, varied dates
25. Chronic pain daily progress notes, psychotherapy notes, biofeedback therapy notes, and hypnotherapy group notes, multiple dates
26. Hospital admission/registration and medical records, dated 4/26/06-4/30/06

27. Post-reduction portable x-ray reports of RUE, dated 4/26/06
28. Post-surgical portable x-ray reports of RUE, dated 4/28/06
29. Continuation Requests for 10 Additional days of Chronic Pain Management Program (CPMP), dated 2/5/07 and 3/6/07
30. Reconsideration Continuation Request for 10 Additional Days of Chronic Pain Management Program, dated 3/20/07
31. Physical therapy re-evaluations and treatment plans, dated 2/2/07 and 3/1/07
32. Opinion letter (by review medical doctor) regarding the performance of the impairment rating, dated 1/10/07
33. Various TWCC-73/DWC-73s
34. Various TDI administrative forms
35. Injured Worker's Job Description

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a female operator who was trying to assist another worker in pulling some plastic out of the rollers of a can liner production machine when her right arm became stuck and the rollers pulled her arm in, subsequently fracturing her radius and ulna. On 4/28/06, she underwent internal fixation with instrumentation, followed by physical therapy, chiropractic care, rehabilitation, and therapeutic exercises. On 5/30/06 a nerve conductions study revealed radial motor abnormalities correlating with compressive demyelination of the radial nerve of the right forearm. In September 2006, she completed 6 sessions of individual psychotherapy, in October 2006, she participated in a work hardening program that reportedly failed, and then in January-February-early March 2007, she participated in 20 sessions of a Chronic Pain Management Program.

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

The carrier in its 3/12/07 Non Authorization Notice stated as a basis for denial that the "...pt has not had a complete course of physically oriented treatment, and considering additional physically oriented treatment likely to resolved <sic> post-op localized pain, according to ODG the request for non-specific Pain Mgmt techniques is not medically necessary," and that the

“Request is for Pain Mgmt program directed at Pain coping skills.”

However, upon review of the actual CPMP submitted by the provider, it reveals that pain coping skills are merely a component of a much broader program. Furthermore, contrary to the carrier’s assertion, the medical records revealed that the patient had actually participated in an extensive physically-oriented treatment. Therefore, the carrier’s basis for denial was unfounded.

Moreover, the records in this case adequately documented that the initial 20 sessions of the CPMP fulfilled the statutory requirements¹ for medical necessity since the patient obtained relief, promotion of recovery was accomplished and there was an enhancement of the employee’s ability to return to employment. Specifically, the records documented that the claimant has already achieved a 71% reduction in her pain, an 83% reduction in her irritability (met goal), an 80% reduction in her frustration levels (goal met), a 38% reduction in her vocational ability, an 89% reduction in her tension levels (goal met), a 78% reduction in her anxiety (goal met), an 80% reduction in her depression (goal met), a 63% reduction in her sleep disturbances, and an 86% reduction in her forgetfulness (goal met). In addition, the records demonstrate that the claimant’s range of motion has improved, as has both her strength and endurance. But despite these gains, the patient remains with a deficit in her PDL, necessitating extension of her program. Since she has responded so favorably to the initial 20 sessions, it is reasonable to assume that she will continue to do so.

Finally, although the article by Sanders, Harden, Benson, and Vicente (1999)² published in the *Journal of Back and Musculoskeletal Rehabilitation* states that treatment outcomes are usually achievable within 20 days/sessions, they also state that, “Obviously this upper limit may need to be extended based upon the specific documented outcomes and goals for a given treatment program,” which this provider has made known in their recommended treatment plan.

¹ Texas Labor Code 408.021

² Sanders SH, Harden RN, Vicente PJ. “Evidence-based clinical practice guideline for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients.” Chattanooga (TN): Siskin Hospital for Physical Rehabilitation; 2005. 41 p.

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
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
Journal of Back and Musculoskeletal Rehabilitation
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)