

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: AUGUST 28, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program

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

MD, Board Certified in Family Practice

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

- * Dr. progress notes and operative report (9/12/06)
- * MRI report of left knee (7/6/06)
- * Physical therapy progress notes (various dates)
- * records (multiple dates)
- * review (7/24/07)
- * Centers records (various dates)
- * medical records (various dates)
- * Dr. review and opinion (7/1/07)

- * Dr., DC note dated 6/22/07
- * Work Hardening Program notes including behavioral treatment per PhD (multiple dates)
- * Multiple FCE's
- * DDE by Dr. (12/15/06)
- * case management reports (multiple dates)
- * Dr. medical records for 12/1/06
- * Dr. medical records for 7/3/06
- * Dr. progress note dated 7/14/06

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient experienced a work related knee injury. A MRI revealed a meniscal tear. Conservative treatment including physical therapy, medications, work restrictions, and chiropractic care were unsuccessful and arthroscopy was done. Patient received at least 26 sessions of post-operative physical therapy. She still had pain and completed a Work Hardening Program, which included aggressive physical therapy, medication management, as well as individual and group therapy. She continued to have pain and a knee replacement was recommended after weight loss. A request and appeal for CPMP was denied.

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

AS DR. NOTED, THE PATIENT'S CURRENT SYMPTOMS ARE FROM DEGENERATIVE PROCESSES, NOT HER ACUTE MENISCAL TEAR, WHICH WAS REPAIRED. FURTHERMORE, ALL THE MAJOR MODALITIES OF A CHRONIC PAIN MANAGEMENT PROGRAM HAVE BEEN ATTEMPTED PREVIOUSLY WITH MINIMAL OR NO POSITIVE RESULTS. NO MEDICAL RECORDS SUBMITTED JUSTIFY THIS COMPREHENSIVE PROGRAM IN A PATIENT THAT HAS ALREADY FAILED EXTENSIVE TREATMENT MODALITIES OF SIMILAR MAKE-UP OVER ONE YEAR AFTER THE ORIGINAL INJURY AND ALMOST SINCE SURGERY. NOTHING IN THE RECORDS SUGGESTS THE PATIENT WILL HAVE A POSITIVE EXPERIENCE OR BETTER OUTCOME WITH A CPMP THAN SHE DID WITH ALL HER PREVIOUS, EXTENSIVE TREATMENT MODALITIES. THEREFORE, NO MEDICAL NECESSITY CAN BE SUPPORTED OR JUSTIFIED FOR THIS PATIENT TO APPROVE A CPMP.

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