

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: AUGUST 29, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of the proposed 20 day chronic pain management/functional restoration program (97799 CP-CA)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
296.20	97799	CP-CA	Prosp	160					Upheld
296.20	97799	CP-CA	Prosp	160					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 77 pages of records received to include but not limited to: Request for an IRO; preauth report, 6.29.07, 7.10.07; Group notes,2.13.06.06-6.21.07; management notes, 2.12.07-3.15.07;peer review, 1.12.07; report of injury; Accident report; Hospital notes, 8.22.06; MRI-Lt knee, 6.9.06; note, Dr., 12.15.05

Requestor records- a total of 70 pages of records received to include but not limited to:

PATIENT CLINICAL HISTORY [SUMMARY]:

This individual was working. She slipped coming off the stairs injuring her knee. She was treated by Dr., an orthopedic surgeon, whose diagnosis was eternal derangement of the knee. The patient was felt to be at maximal medical improvement and was sent to Dr. for an MI. The patient was also receiving pain management medications by another referred by Dr. Dr. physical exams indicate a knee injury and pain in as late at. He makes no indication that he feels the patient needs a chronic pain management program. Furthermore, he feels this is a condition that can be treated with medications.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

In reviewing the URA's denial, they said they spoke with Dr., who agreed mutually that the pain program was not necessary and specifically that there was not any specific physiologic findings and that there was records that she had essentially failed physical therapy and psychotherapy and was on minimal medications. Also, there were minimal objective criteria for this patient in a pain management program. I have reviewed the records from positive health management and note that the patient did already receive the psychotherapy component of pain management. I therefore do not see any indication under the ODG or other treatment guidelines for someone with internal knee derangement to receive a coordinated chronic pain program – they have already had separate therapy and psychotherapy and psychological support.

Finally, in the community, individuals with internal derangement of the knee that are not work comp do not get sent to pain management programs, they get treated with oral medications and physical therapy, and perhaps psychotherapy, as this patient has received. Therefore, there is no clinical indication for this patient to receive a coordinated chronic pain management program for an internal derangement injury of the knee. It appears that the medications, which are minimal, are controlling the patient's symptoms as best as could be expected. There is nothing anticipated to be gained from participation in a chronic pain management program that has not already been provided through separate courses of physical therapy and the psychological treatment that she has already received.

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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)