

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 31, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 30 sessions of chronic pain management

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 Occupational Medicine: American Board of Preventative Medicine, and is engaged in the practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

XX 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
717.9	97799		Prosp	15					Overturned
717.9	97799		Prosp	15					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-20 pages

Respondent records- a total of 78 pages of records received to include but not limited to:
letters 12.5.07, 12.11.07; Independent Review, 10.16.07; letters, 9.19.07,11.26.07; 10.30.07-11.28.07; Injury, patient notes, 10.24.07-10.31.07; The Center, 4.11.07-5.23.07; notes, 5.1.07; Consultant, 2.23.07; X-rays 3.14.07; MRI Left Ankle, 2.1.06, 3.14.07; Mobile 7.18.07-8.17.07

Requestor records- a total of 55 pages of records received to include but not limited to: PHMO Notice of IRO; patient notes/records, 10.24.07-12.12.07; Injury , patient notes, 10.31.07; The Center, 4.11.07-5.23.07; OPREX, notes 5.1.07; Consultant, 2.23.07; X-rays 3.14.07; MRI Left Ankle, 2.1.06, 3.14.07; Mobile 7.18.07-8.17.07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a xx-year old gentleman who was involved in a work injury on xx/xx/xx. He tripped and fell on his left knee, falling onto an angled hard-surfaced object (A-P injury); he also injured his left ankle. Various radiologic studies were performed: MRI of the left knee and left ankle (February 1, 2006): knee-no evidence of fracture or other process; mild symmetrical narrowing of knee; no spurring or marginal sclerosis; thinning of posterior cartilage; trace fluid; no cruciate ligament tear; collateral ligaments normal; menisci normal; but some thinning and grade I an II internal changes along menisci; muscles normal. Ankle normal.); x-rays left knee (March 14, 2007) was normal, except for mild genu varum; MRI left knee, dated March 14, 2007 (small joint effusion; no fracture or loss intra-articular loose body; evidence of grade II injury to ACL and grade II injury of medial collateral ligament). An orthopedic evaluation, dated, April 11, 2007, indicated probable left knee patellofemoral syndrome; left meniscal tear; and possible ACL tear. Since he failed conservative treatment, including pain management and physical therapy, an arthroscopy was proposed to determine if there was any evidence of internal derangement that could be resolved. Arthroscopy was performed on May 1, 2007, and the following was found: left knee chondral injury (chondral fracture) to medial femoral condyle; knee patellofemoral instability; and inflamed synovial plica. Operative corrections performed were: left knee abrasive chondroplasty; lateral retinacular release; and partial synovectomy. These were only moderately effective. Functional capacity evaluations (July 18 and August 17, 2007) indicated Mr. had no pain in his left knee when it was at rest. However, the pain was moderately severe after activity/movement lasting 15-20 minutes. The FCE indicated he could not safely and dependably return to his usual work as a because of loss of strength and pain in the left knee. A psychological evaluation, performed October 30, 2007, indicated: he suffered from moderate anxiety and moderate to severe depression, chronic pain symptoms, and irrational thinking patterns. He wanted to return to work; he had financial problems; and he had fear of reinjury. His fear of reinjury caused his recovery process to slow considerably. Since his surgery, his pain level had decreased slightly. Work conditioning had helped his strength and mobility, but his endurance had not progressed. He was taking medication to moderate his depression and anxiety. It was felt a chronic pain program would strengthen and build on the progress he had made thus far, as it would give him coping skills and foundational knowledge for successful life functioning. Various comments by separate observers, including the psychologist, indicated the patient wanted to return to work as soon as he was able: he was depressed by his inability to return to work; he was motivated by the need to have a productive lifestyle and by his financial needs.

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.

The ODG Guidelines indicate multidisciplinary biopsychosocial rehabilitation is "under study",--it is not considered an ineffective therapy. Its use is permitted as long as it is monitored to ensure the candidate continues to make improvement. The patient has benefited somewhat from surgery and work conditioning, but his fears of reinjury are becoming obsessive: he should do well with the pain management program as such a program would address these fears and teach him that working successfully with pain is a possibility/reality. He is anxious and depressed because his pain limits his ability to work. He apparently has not worked since his mishap. According to the available records, he is motivated to return to work. The ODG Guidelines (chronic pain) indicate a pain management program is effective for chronic pain. The Guidelines caution a proven successful program should be used (it should not be a problem to find such a

program in the area--); an adequate and thorough evaluation should have been completed (has been done); the patient should have failed an adequate trial of conservative therapy (has occurred); the patient has had a significant loss of ability to perform meaningful activities independently (cannot move his knee for more than 15 -20 minutes before moderately severe pain, and consequently his fears, return); surgery was completed, but was not as effective as expected—no further surgery is contemplated); and the patient is motivated to change, with no secondary gains from his dysfunction (has financial necessity and has personal regrets with not being able to return to an active status). He meets all of these requirements.

Thus, the request for the chronic pain management program x 15 is approved. The remaining 15 sessions are not approved as appropriate.

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)