

IRO REVIEWER REPORT

DATE OF REVIEW: 02/14/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Preauthorization denial for Code 97799, continuation of chronic pain management program.

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

Texas Chiropractic License and listed on the TDIDWC ADL
Diplomate of the American Association of Quality Assurance & Utilization Review Physicians
Diplomate of the American Academy of Pain Management
Certified by the American Academy of Disability Evaluating Physicians
Fellow of the American Back Society

REVIEW OUTCOME:

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

Upheld.

Continuation of chronic pain management program (97799) denied.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Operative report, 2 pages.
2. Follow-up Functional Capacity Evaluation narrative of 10/17/06, 7 pages.
3. Designated Doctor Evaluation dated 10/26/06, 6 pages.
4. Chronic pain management notes beginning on 11/09/06 and ending on 11/29/06, 13 pages.
5. Additional office notes from M.D., through December, 2006, 9 pages.
6. Multiple requests and denials for additional chronic pain management, 10 pages.

PATIENT CLINICAL HISTORY (SUMMARY):

The injured employee is a morbidly obese female with a height of 5 foot 2 inches and a weight of 160 pounds. The employee reported an occupational injury on or around . This incident occurred when she initially slipped and fell on a concrete area and then stepped into a pothole on a second recurrent injury.

The employee was eventually diagnosed with internal derangement of her left knee and an operation was performed on or around 01/28/06. This surgery was for a repair of an anterior cruciate ligament tear and lateral meniscus tear of the left knee.

Records indicate the employee did undergo postoperative physical therapy, however by 10/17/06, the employee still reported pain levels of 5/10. She also was documented as having mild anxiety and minimal depression.

Eventually, the employee underwent a Designated Doctor Evaluation on or around 10/28/06. The physical examination at that point revealed a 2 cm difference between the left and right thigh measuring 45 cm and 47 cm respectively. At the cast the measurements were equal at 31.5 cm. Muscle strength was graded as 4/5 on the left and 5/5 on the right, but the employee's range of motion was noted to be full in extension and approximately in flexion ranging between 100 and 110 degrees.

At the time of the Designated Doctor Evaluation in October, 2006, it was suggested that a work hardening program was necessary.

It appears that a chronic pain management program stated on or around 11/09/06. At the conclusion of the chronic pain management program, the employee was still found to have 5/10 pain. Range of motion was still listed as 111 degrees of flexion with a slight worsening of extension at 6 to 7 degrees. A request submitted for continuation of the chronic pain management program was denied on two separate occasions.

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

I did not find information in the records to support the continuation of the chronic pain management program. The records do indicate that the employee reached a static and stable end treatment point. The definition of Maximum Medical Improvement (MMI) is the earliest state after which further material recovery can no longer be expected.

As documented by the designated doctor during his 10/28/06 evaluation, the employee had pain levels of 5/10 with normal range of motion in the left knee. Following at least one month of chronic pain management between 11/20/06 and 11/29/06, the employee still reported pain of 5/10 with normal range of motion. This did not document any significant cure or relief, progress toward recovery, and since the employee is still apparently off work, there was no enhancement of employability. Even based on Texas Labor Code 408.021, there is no medical necessity for ongoing chronic pain management.

One additional citation is found in the *Official Disability Guidelines, 10th Edition*. These guidelines suggest certain criteria for the use of a chronic pain management program. One of the main criteria indicates the individual must have a significant loss of ability to function independently resulting from the chronic pain. However, the records clearly indicate that there was no significant loss of ability and function. The employee obviously has normal range of motion, even on the injured limb.

In summary, I do not find any reason to overturn the previous denial of the preauthorization request for the chronic pain management program. The records indicate that the claimant has reached a static and stable end treatment point as documented by the Designated Doctor Evaluation of 10/28/06 and the reevaluation following the initial four weeks of the chronic pain management program which confirmed no significant changes in pain level, range of motion, or enhancement of employability. The denial is based on the *Official Disability Guidelines* criteria as cited above, as well as the Texas Labor Code 408.021.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

Official Disability Guidelines, 10th Edition.
Texas Labor Code 408.021.