

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 7/23/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family. 2/9/2007

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended New York Medical College. He did his residency in Anesthesiology at UCLA. He has been in private practice since 1983. He is a member of the American Society of Interventional Pain Physicians and the American Association of Orthopedic Medicine. He is board certified in Anesthesiology and Pain Medicine.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

1. 99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family. 2/9/2007 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 07/12/2006
2. Clinical note by, dated 06/27/2007
3. IRO review organization dated 02/09/2007
4. Request form dated 06/15/2007
5. Explanation of review dated 02/09/2007
6. Explanation of review dated 02/09/2007
7. Explanation of review dated 02/09/2007
8. Peer review dated 02/06/2006
9. Reviews of case assignment by, dated 07/02/2007

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee was being followed for an injury from xx/xx/xx. A claim report was also filed for a previous injury to the right foot on xx/xx/xx. The initial physical therapy note documented complaints of pain that developed across the bottom of her right foot toward the heel after stepping on a raised plate. She complained of swelling in the foot region. She complained of pain to the right arch, ball of the right foot, and right heel. She had no complaints of pain in the ankle region. There was no mention of swelling in the ankle region. She had pain with palpation over the medial and plantar fascia.

An X-ray was obtained of the right foot region noting a congenital malformation. No ankle X-ray was obtained. She was prescribed a walking boot secondary to right foot pain with a possible stress fracture and not for ankle pain.

Name: Patient_Name

An X-ray of ankle was not obtained until 2 ½ months later. Swelling was noted without evidence of a fracture. Foot orthotics were being utilized in 2/1997. When evaluated by the orthopedist, Dr on 4/2/1997 she complained of mid foot and plantar pain.

The medical record from her physician Dr., on 7/19/1999, indicated that the worker's diffuse pain was mechanical in nature involving the right hip, low back, and bilateral knees. He made no mention of an additional work injury resulting in her continued pain but believed it was related to her abnormal gait. Throughout his follow up medical records in 1997, 1998, and 1999, he did not discuss focal separate cause for her diffuse complaints of pain. The medical record from 9/1997 from her orthopedist also did not reflect the occurrence of an injury resulting in additional areas of pain.

A designated doctor examination was performed on 1/23/2001 for the 11/12/1996 injury resulting in 3% whole person impairment. Dr. indicated on 3/13/2001 she had been hospitalized for a seizure. It appeared she was not ultimately diagnosed with seizures as that she did not start seizure medication raising the concern for possible pseudo seizures. She was evaluated by Dr. with fibromyalgia, probably post-traumatic although she has not had significant trauma to warrant development of fibromyalgia. Psychological support was recommended. The worker was diagnosed with chronic pain.

A designated doctor exam was performed on 1/23/2002 for the 8/26/1997 injury resulting in a 22% whole person impairment rating. A functional capacity evaluation from 6/17/2003 indicates that the mechanism of injury was a fall. The injured worker was diagnosed with post traumatic L5 degenerative disc disease although this is not physiologically probable.

The worker had participated in a significant amount of therapy. She underwent epidural steroid injections on 9/12/2005. A repeat right knee MRI was performed in 12/2005 only noting mild arthritis with mild chondromalacia changes. She continued with the right knee and right ankle pain through 2004 without significant findings on physical examination.

This is a review for the office visit of 2/9/2007.

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

This claimant has not had an expanded problem focused examination as there is no sensory testing performed. The claimant has already had epidurals performed and there is no new information to make the decision for lumbar epidurals. This decision has been made before and the claimant had epidurals performed on that information. Therefore, there is no low complexity of decision making and there is no expanded problem focused examination. Therefore, the office visit of 2/9/2007 does not meet the criterion for the 99213. The previous denial is upheld.

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
X 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)

AMR Tracking Num: