

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: **JUNE 26, 2007**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

20 Sessions 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. denial letters (3/13/07, 3/19/07)
- | Dr.'s reviews (3/13/06, 2/15/07, 5/9/07, 5/30/07)
- | Centers including extensive progress notes from PT, individual psychotherapy, group therapy, WHP
- | Progress notes from Dr. from 3/15/06 – 2/21/07
- | Letter concerning non-compensable diagnoses
- | Medical letter (4/1/07)
- | L-S x-ray report (5/25/06)

- 1 MRI right knee report (9/20/05)
- 1 Dr.'s operation report (2/21/06)
- 1 Dr. 's post operative visit (3/28/06)
- 1 DDE by Dr. (9/12/06)
- 1 Impairment Rating (7/24/06)
- 1 Dr.'s progress note (9/26/06)
- 1 Progress notes from Dr. and Dr.'s

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient sustained a work related knee injury. She underwent extensive evaluation and conservative treatment. Dr. performed arthroscopic surgery on her right knee on 2/21/06. She had post-operative physical rehabilitation, medications, rest, ice/heat, massage, individual and group therapy. An impairment rating on 7/24/06 was 1% whole body impairment and a DDE by Dr. on 9/12/06 determined a 0% IR stating MMI on 9/12/06. Apparently diagnoses relating to lumbar area, right hip, PDS, and depression were non-compensable. An evaluation concerning the patient's mental health concluded the patient has developed a chronic pain syndrome and recommended CPMP. This request was denied and appeals upheld the denial.

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

PATIENT SUSTAINED HER KNEE INJURY. SHE HAD A MENISCAL TEAR WITH DEGENERATIVE CHANGES. DURING HER TREATMENT, SHE UNDERWENT EXHAUSTIVE MODALITIES NOTED ABOVE. MULTIPLE FCE'S FAILED TO SHOW IMPROVEMENT AND, IN FACT, HER MOST RECENT EVALUATION SHOWED REGRESSION. A 0% IR WAS NOTED ON 9/12/06 AFER A 1% IR IN JULY 2006. UNFORTUNATELY, THIS PATIENT IS NOT A CANDIDATE FOR ANOTHER COMPREHENSIVE REHABILITATION PROGRAM. SHE HAS UDNERGONE THE MAJORITY OF THE MODALITIES IN THE PAST WITH CONTINUED SYMPTOMS AND A REGRESSION IN WORK STATUS. HER JOB HAS BEEN TERMINATED AND THE CHANCE OF SIGNIFICANT IMPROVEMENT BY 20 SESSIONS OF A CPMP IS NOT REALISTIC. THEREFORE, NON-AUTORIZATION IS UPHELD.

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

- X 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**
- X 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**
- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
* COCHRANE REVIEW**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**