

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 10/24/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97799-CP - Unlisted physical medicine/rehabilitation service or procedure (chronic pain management program)

QUALIFICATIONS OF THE REVIEWER:

The reviewer graduated from Wayne State University with a bachelor of philosophy. He received his medical degree at Chicago College of Osteopathic Medicine and Surgery. He did his internship at Martin Place Hospital East and West and completed his residency in Physical Medicine and Rehabilitation at Southfield Rehabilitation Center and at Rehabilitation Institute of Detroit Wayne State University. The reviewer has been board certified since 1981.

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)

97799-CP - Unlisted physical medicine/rehabilitation service or procedure (chronic pain management program)
Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notice to air analysis dated 10/5/2007
2. Clinical note dated 10/4/2007
3. Confirmation of receipt dated 10/4/2007
4. IRO request form
5. Request for a review dated 10/3/2007
6. Review determination dated 9/17/2007
7. Review determination dated 10/2/2007
8. Clinical note dated 10/2/2007
9. Clinical note dated 10/08/2007
10. Notice of independent review decision dated 12/07/2006
11. Review organization dated 10/04/2007
12. Request for review dated 10/03/2007
13. Clinical note by PhD dated 09/17/2007
14. Clinical note by DO dated 10/02/2007
15. Chronic pain/Functional restoration programs note dated 10/23/2007
16. Independent review organization summary dated 10/08/2007
17. Employer's first report
18. Notice of disputed issue dated 02/04/2006 to 05/16/2006 multiple dates
19. Work status report dated 10/03/2005
20. Initial consultation note by DC dated 10/03/2005
21. Consultation report by MD dated 10/05/2005
22. Final report by MD dated 10/10/2005
23. Final report by MD dated 10/10/2005
24. Clinical note by MD dated 10/10/2005
25. Clinical note by MD dated 10/10/2005
26. Clinical note by MD dated 10/10/2005
27. Clinical note by MD dated 10/10/2005
28. Clinical note by MD dated 10/13/2005

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29. Work status report dated 10/24/2005
30. Clinical note dated 10/28/2005
31. Clinical note by DC dated 10/28/2005
32. Work status report dated 10/28/2005
33. Progress report by MD dated 11/01/2005
34. Clinical note by MD dated 11/15/2005
35. Functional capacity evaluation note dated 11/29/2005
36. Patient re evaluation note by DC dated 12/01/2005
37. Work status report dated 12/03/2005 and 12/13/2005
38. Clinical note by DC dated 12/13/2005
39. Excuse slip note by MD dated 12/15/2005
40. Patient re-evaluation note by DC dated 12/22/2005
41. Clinical note by MD dated 01/10/2006
42. Patient information note dated 01/13/2006
43. Patient re evaluation note by DC dated 1/26/2005
44. Patient information note dated 1/27/2006
45. Patient re evaluation note dated 8/13/2006
46. Initial interview note dated 2/13/2006
47. Clinical note dated 2/21/2006
48. Patient information note dated 2/23/2006 to 4/6/2006 multiple dates
49. Clinical note, dated 4/11/2006
50. Progress report note by MD, dated 4/18/2006
51. Patient re evaluation note dated 4/28/2006
52. Status report note dated 5/18/2006
53. Occupational clinic note by MD, dated 4/28/2006
54. Evaluation and treatment note dated 2/13/2006
55. Patient re evaluation note dated 5/30/2006
56. Patient information note dated 6/1/2006
57. Clinical note dated 6/13/2006
58. Patient information note dated 6/15/2006
59. Psychiatric consultation note by MD, dated 6/29/2006
60. Patient information note dated 7/14/2006
61. Patient re evaluation note dated 7/27/2006
62. Patient information note dated 7/27/2007
63. Patient information dated 8/24/2006
64. Patient re-evaluation DC, dated 9/26/2006
65. Patient information dated 10/19/2006
66. Clinical note by MD, dated 11/3/2006
67. Operative report by MD, dated 12/12/2006
68. Operative report by MD, dated 12/12/2006
69. Status report dated 1/25/2007
70. Status report dated 12/27/2006
71. Clinical note by MD, dated 12/27/2006
72. Patient information dated 1/5/2007
73. Patient re-evaluation by DC, dated 1/8/2007
74. Patient information dated 1/22/2007
75. Designated doctor evaluation by MD, dated 2/28/2007
76. Clinical note dated 3/1/2007
77. Patient information dated 3/29/2007
78. Status report dated 4/16/2007
79. Clinical note by MD, dated 4/16/2007
80. Patient information dated 4/26/2007
81. Patient re-evaluation by DC, dated 4/30/2007
82. Patient re-evaluation by DC, dated 5/24/2007
83. Chronic pain assessment by MD, dated 6/25/2007
84. Clinical note, dated 7/3/2007
85. Doctor evaluation dated 7/13/2007
86. Patient re-evaluation by DC, dated 7/25/2007
87. Re-consideration note by DC, dated 10/4/2005
88. Daily progress note dated 11/4/2005
89. Progress note dated 3/13/2006 to 4/3/2006, multiple dates

Name: Patient_Name

90. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This individual is a female who sustained an injury while an employee after a trip and fall. The injury included left shoulder, elbow, forearm, wrist, hip, knee, and ankle injuries. This is a review for a proposed pain management program.

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

The claimant is not a candidate for a chronic pain management program. She sustained an injury after a fall at work. She sustained a non displaced left radial head fracture which has resolved and for which range of motion and strength have been restored. She sustained a sprain/strain injury to her left shoulder with an impingement syndrome with no evidence of rotator cuff tear or pathology. She under went manipulation of the shoulder under anesthesia with restoration of motion and function and she sustained a sprain strain to her left knee which initially was felt to be a tibial plateau fracture but never was confirmed on diagnostic studies including MRIs.

She has had extensive treatment for all of these injuries including extensive physical therapy, home exercise programs, psychological therapy, and has maintained subjective complaints of pain without objective functional impairments.

She relates that she is fearful of returning to work because she will be assigned tasks she can not do and although her job was sedentary to light and there is no evidence that she cannot carry out that level of employment she remains fearful of returning to work.

A physical examination on 4/26/2006 by Dr., occupational medicine specialist, revealed full range of motion of both wrists, full range of motion of both shoulders, no complaints of left elbow pain, and full range of motion of the left knee, left ankle and no instability. She has never required the use of opiod narcotics or neuropathic pain medications or anti-depressants. She therefore does not meet any of the criteria using the ODG guidelines or the ACOEM guidelines for entrance into a multidisciplinary pain management program.

As required by ODG guidelines, patients should also be motivated to improve and return to work, and she is not. It also should be noted that shoulder and knee surgery have been offered and refused by the patient therefore patient has not exhausted all lower levels of care.

Therefore the claimant did not meet all of the criteria for the general use of multidisciplinary pain management programs under the ODG guidelines: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating the chronic pain have been unsuccessful; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed.

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

AMR Tracking Num: