

I-Decisions Inc.

An Independent Review Organization

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DATE OF REVIEW: SEPTEMBER 4, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Functional restoration program - Chronic pain management - 97799CP = 160 hours (20 days)

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

Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Office notes, Dr., 08/03/04, 08/23/04, 10/04/04, 10/23/04, 11/16/04, 12/06/04, 01/24/05, 04/18/05, 03/07/05, 09/14/05, 10/05/05, 10/18/05, 01/19/06, 03/18/06, 03/28/06, 04/10/06, 04/20/06, 05/10/06, 05/24/06, 07/03/06, 08/14/06, 10/18/06, 1/18/07, 3/19/07, 5/14/07, and 6/7/07
- Operative report, 09/24/04 and 04/28/06
- Left knee MRI, 11/26/04, 09/06/05
- Physical therapy note, 02/02/05
- Patient self assessment for anxiety/depression, 07/08/05
- Office note, Dr., 07/08/05
- Left knee x-ray, 08/25/05
- Letters, Dr., 10/20/05, 12/19/05, 04/04/07
- Request for continuous passive motion unit approval, 02/20/06
- Discharge summary, 05/02/06
- Physical therapy note 07/14/06
- Psychological evaluation, 10/19/06
- Psychiatric reports, 11/30/06, 12/21/06, 12/28/06, 01/04/07, 01/09/07, 01/22/07, 01/29/07, 02/12/07 and 02/19/07
- Physical therapy general medical questionnaire completed by claimant, 03/06/07
- Pain Management evaluation, 03/14/07
- Therapy notes, 03/14/07, 03/28/07, 03/30/07, 04/05/07, 04/09/07 and 06/13/07
- Psych evaluation, 03/20/07
- IMPWR functional restoration program letter to Dr., 03/30/07
- non-authorization notice, 04/25/07
- Appeal for denial of IMPWR, 05/14/07

- Physical therapy letter to Dr., 05/30/07
- Official Disability Guidelines Treatment in Worker's Comp 2007 Updates: Pain – Chronic Pain Programs

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained a traumatic medial femoral condyle cartilage defect in the left knee due to an osteochondral fracture with intra-articular loose body that failed open reduction and internal fixation. He underwent arthrotomy and Carticel autologous chondrocyte implantation procedure on xx/xx/xx. He has chronic left knee pain, reduced knee flexion, joint effusion and significant deficits in weight bearing load tolerance of the left knee joint. He has been receiving individual psychotherapy treatment for depression due to the loss of his job, current inability to meet the physical demands of his previous work and not currently being trained for a higher skilled job of reduced physical demands. Participation in a functional restoration program is currently requested.

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

This is a gentleman. Based on review of the medical records provided, there is no documentation or evidence to support that he would benefit from a functional restoration program at this time. He has had surgery times two and by report does not wish further surgical intervention. He has undergone physical therapy postoperatively and a home exercise program and has unrelated psychological issues. Based on all of the above and the fact that he is already engaged in pain management evaluation at Therapy, I do not feel that the functional restoration program is medically necessary. Thus I would agree with previous denials at this juncture, acknowledging that he had previous surgery and does not wish to consider surgical intervention.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates: Pain – Chronic Pain Programs:

Recommended where there is access to programs with proven successful outcomes. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy. While recommended, the research remains ongoing as to (1) what is considered the “gold-standard” content for treatment; (2) the group of patients that benefit most from this treatment; (3) the ideal timing of when to initiate treatment; (4) the intensity necessary for effective treatment; and (5) cost-effectiveness. It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition. ([Flor, 1992](#)) ([Gallagher, 1999](#)) ([Guzman, 2001](#)) ([Gross, 2005](#)) ([Sullivan, 2005](#)) ([Dysvik, 2005](#)) ([Airaksinen, 2006](#)) ([Schonstein, 2003](#)) ([Sanders, 2005](#)) Unfortunately, being a claimant may be a predictor of poor long-term outcomes. ([Robinson, 2004](#)) These treatment modalities are based on the biopsychosocial model, one that views pain and disability in terms of the interaction between physiological, psychological and social factors. ([Gatchel, 2005](#)) There appears to be little scientific evidence for the effectiveness of multidisciplinary biopsychosocial rehabilitation compared with other rehabilitation facilities for neck and shoulder pain, as opposed to low back pain and generalized pain syndromes. ([Karjalainen, 2003](#))

Types of programs: There is no one universal definition of what comprises interdisciplinary/multidisciplinary treatment. The most commonly referenced programs have been defined in the following general ways ([Stanos, 2006](#)):

(1) Multidisciplinary programs: Involves one or two specialists directing the services of a number of team members, with these specialists often having independent goals. These programs can be further subdivided into four levels of pain programs:

- (a) Multidisciplinary pain centers (generally associated with academic centers and include research as part of their focus)
- (b) Multidisciplinary pain clinics
- (c) Pain clinics
- (d) Modality-oriented clinics

(2) Interdisciplinary pain programs: Involves a team approach that is outcome focused and coordinated and offers goal-oriented interdisciplinary services. Communication on a minimum of a weekly basis is emphasized. The most intensive of these programs is referred to as a Functional Restoration Program, with a major emphasis on maximizing function versus minimizing pain. See [Functional restoration programs](#).

Types of treatment: Components suggested for interdisciplinary care include the following services delivered in an integrated fashion: (a) physical therapy (and possibly chiropractic); (b) medical care and supervision; (c) psychological and behavioral care; (d) psychosocial care; (e) vocational rehabilitation and training; and (f) education.

Predictors of success and failure: As noted, one of the criticisms of interdisciplinary/multidisciplinary rehabilitation programs is the lack of an appropriate screening tool to help to determine who will most benefit from this treatment. Retrospective research has examined decreased rates of completion of functional restoration programs, and there is ongoing research to evaluate screening tools prior to entry. ([Gatchel, 2006](#)) The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. ([Linton, 2001](#)) ([Bendix, 1998](#)) ([McGeary, 2006](#)) ([McGeary, 2004](#)) ([Gatchel2, 2005](#)) See also [Chronic pain programs, early intervention](#); [Chronic pain programs, intensity](#); [Chronic pain programs, opioids](#); and [Functional restoration programs](#).

Criteria for the general use of multidisciplinary pain management programs:

Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met:

- (1) An adequate and thorough evaluation has been made.
- (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.
- (3) 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.

Integrative summary reports that include treatment goals, progress assessment and stage of treatment, must be made available upon request and at least on a bi-weekly basis during the course of the treatment program. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains.

Inpatient admissions for pain rehabilitation may be considered medically necessary only if there are significant medical complications meeting medical necessity criteria for acute inpatient hospitalization.

([BlueCross BlueShield, 2004](#)) ([Aetna, 2006](#)) See [Functional restoration programs](#).

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
- 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)