mcmc
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DATE OF REVIEW:
04/30/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Please review the item in dispute: any follow up care, treatments, pain management (12/30/08 pinnacle pain management) 03/01/09.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management .

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.
There is no support for follow up pain management for this three year old injury, for chronic medications, or for ongoing pain management.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
- TDI/DIVISION OF WORKERS' COMPENSATION Referral form
- 04/15/09 MCMC Referral
- 04/15/09 Notice To MCMC, LLC Of Case Assignment, DWC
- 04/14/09 Confirmation Of Receipt Of A Request For A Review, DWC
- 03/11/09 Request For A Review By An Independent Review Organization
- 02/19/09 (Date of audit) Explanation of Benefits (DWC Form 062)
- 01/07/09 Health Insurance Claim Form
- 11/04/08 Peer Review, M.D.,
- 04/17/08 IRO Acknowledgement and Invoice Notification Letter
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:
The injured individual is a female with date of injury xx/xx/xx. The injured individual sprained her right ankle and left foot. X-rays were negative. She has been on hydrocodone, Lexapro, and Celebrex. She has had a brace, physical therapy (PT), and injections.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The injured individual sprained her right ankle and left foot in xx/xxxx. She is still receiving PT, injections, medications, and office visits. X-rays were negative. At this point, almost three years post injury, the injured individual does not require follow up pain management, narcotics, or ongoing office

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visits. It would be appropriate at this time to perform a Functional Capacity Exam (FCE) and/or Independent medical Exam (IME) to objectively determine her functional level.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guideline: Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. The ODG Codes for Automated Approval (CAA), designed to automate claims management decision-making, indicates the number of E&M office visits (codes 99201-99285) reflecting the typical number of E&M encounters for a diagnosis, but this is not intended to limit or cap the number of E&M encounters that are medically necessary for a particular patient. Office visits that exceed the number of office visits listed in the CAA may serve as a “flag” to payors for possible evaluation, however, payors should not automatically deny payment for these if preauthorization has not been obtained. *Note:* The high quality medical studies required for treatment guidelines such as ODG provides guidance about specific treatments and diagnostic procedures, but not about the recommended number of E&M office visits. Studies have and are being conducted as to the value of “virtual visits” compared with inpatient visits, however the value of patient/doctor interventions has not been questioned. (2008) (2004) Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example Chiropractic manipulation and Physical/Occupational therapy.