

SENT VIA EMAIL OR FAX ON
Apr/09/2009

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

office visit in 2-3 months for RX Meds

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

OD Guidelines

MRI lumbar spine, 08/10/07

Office notes, Dr. 06/03/08, 07/15/08, 08/12/08, 02/10/09
07/15/08

Note, Dr. 07/25/08, 02/17/09

Adverse determination, Dr. 01/13/09

Adverse determination letter, Dr. 02/11/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who injured his left knee on xx-xx-xx, right knee on xx-xx-xx and his low back on xx-xx-xx. The mechanisms of these injuries were not provided. He was found to have a left knee medial meniscus tear and on 02/14/03 underwent a surgical decompression. A lumbar MRI on 08/10/07 showed diffuse disc desiccation consistent with degenerative disc disease between L2-3 and L5-S1. There was moderate right neural foraminal stenosis at L4-5 and L2-3 secondary to a disc osteophyte complex. Dr. saw the claimant on 06/03/08 for a history of chronic low back pain and L5-S1 radiculopathy (confirmed by EMG studies). His

back pain was getting worse and radiated into the right leg. He had restricted motion with lumbar tenderness and sciatic pain down the left leg. Coccygodynia and a history of lumbosacral sprain with L5-S1 radiculopathy were diagnosed. He was referred to Dr. for a neurological evaluation.

At the 07/15/08 followup the claimant was seen for a right knee injury. Full motion of the knee and tenderness over the medial joint line were noted. Internal derangement of the right knee was added to his diagnoses. Celebrex, Ketoprofen 4 percent with 1 percent Flexeril Cream were prescribed. Dr. authored a note on 07/25/08 stating that the claimant was sent to Dr. for a neurological evaluation and possible epidural steroid injection which had been helpful in the past. He stated that the claimant's complaints were an exacerbation of his degenerative disc disease and he needed continued maintenance care with periodic visits for injections and medications. He stated that the claimant benefits from periodic Ketoprofen and Flexeril to maintain his functional level and should be afforded followup visits and medications for flare-ups of symptoms.

Dr. re-evaluated the claimant on 08/12/08 for internal derangement of the left knee. He had pain with standing or motion from 0-100 degrees. A medial meniscus tear of the left knee was diagnosed. He was to be seen in 1 month. Celebrex, Ketoprofen 4.0 percent with 2 percent Flexeril cream were recommended. The visits were denied on review of 01/13/09. Dr. saw him again on 02/10/09 regarding his lumbar spine. He had pain with straight leg raise at 90 degrees on the right and pain on palpation of the low back radiating into the right leg. A neurosurgical evaluation was recommended. It was noted that he had been able to work with a Sacro-Eze support seat, Ketoprofen cream and Celebrex. He had not had good luck with the over the counter cream or anti-inflammatory medication in the past. The visits were again denied on 02/11/09 review. Dr. authored a note on 02/17/09 stating that Ketoprofen cream and Celebrex have helped him remain working. He indicated that the claimant would probably never have normal knees and was not recovered and that come back for medication management and continue these medications every 2-3 months as needed were legitimate as over the counter medications had not been helpful.

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

The requested office visit every two or three months for prescriptive medications is not medically necessary based on review of this medical record.

While this reviewer has looked at the records of Dr., these records do not provide a specific reason for ongoing medical care.

There have been no documented studies in the literature indicating any better results in patients using different types of anti-inflammatory medication long term, and therefore, there is no specific reason this claimant needs Celebrex versus over-the-counter Advil/Aleve. Plus, there are no good studies documenting the long-term use of topical analgesics, and actually, it does not appear that ketoprofen is FDA approved.

It would appear from these records that Dr. is treating this claimant for knee pain, yet the 08/12/08 office visit does not document knee instability, crepitation, effusion, synovitis, or progressive loss of function, and the 02/10/09 visit does not even discuss a physical examination of the knees. Therefore, based on review of this medical record, there is no medical necessity for the ongoing continuing visits and medication.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, (i.e. Low Back-Office Visits)

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates, (i.e. Pain – Topical Analgesics and Celebrex)

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)