

SENT VIA EMAIL OR FAX ON
Dec/10/2009

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/08/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program X 80 hours

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

Chiropractor
AADEP Certified
Whole Person Certified
Certified Electrodiagnostic Practitioner
Member of the American of Clinical Neurophysiology
Clinical practice 10+ years in Chiropractic WC WH Therapy

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
Denial Letters 11/13/09 and 11/2/09
Workers Comp Eval 8/16/07
Dr. 8/10/09
FCE 6/3/09
OP Report 3/3/09 and 7/31/08
Dr. 8/27/07 thru 3/18/09
Radiology Report 8/15/07, 8/13/09
MR-Knee 8/17/07
MRI 9/6/07, 11/1/07

Accident & Injury 9/2/09
Dr. 2/23/09

PATIENT CLINICAL HISTORY SUMMARY

The injured employee was involved in an occupational injury on xx/xx/xx. The injured employee has undergone MRI, EMG/NCV, medication, therapy, FCE, and injections. The injured employee has undergone post left knee arthroscopy with excision on torn medial meniscus, debridement, and chondroplasty of the patella dated 3-03-09. The injured employee has completed 80 hours of Chronic Pain Management on or around 10-27-09.

The injured employee has been recommended for an additional ten (10) sessions (80 hours) of chronic pain management, which are now being requested at this time.

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

The injured employee currently does meet the required guidelines for an additional 10 sessions (80-hours) of chronic pain management as requested.

Integrative summary reports that included treatment goals, compliance, progress assessment with objective measures and stage of treatments revealed improvements in physical, cognitive and emotional functioning. There was decreased dependency on medication / pharmaceuticals. Pain ratings and self-ratings have decreased. Total treatment duration should generally not exceed 20 full-day sessions, which only 10 sessions have been approved and provided for initial trial.

Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstration of efficacy as documented by subjective and objective gains, which was provided in enclosed reviewed documentation.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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