



IMED, INC.

1701 N. Greenville Ave. • Suite 202 • Richardson, Texas 75081
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 02/13/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Chronic pain management program x 10 days/sessions

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

Texas Licensed Clinical psychologist; Member American Academy of Pain Management

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Employer's First Report of Injury or Illness dated xx/xx/xx
2. New patient evaluation dated xx/xx/xx
3. Thoracic spine three views dated 01/23/06
4. dated 01/23/06
5. MRI of the knee without contrast dated 02/20/06
6. Initial evaluation by Dr. dated 03/03/06, 03/09/06, 03/23/06, 03/30/06, 04/10/06, 04/17/06, 05/08/06, 06/05/06
7. Preferred Imaging dated 03/22/06
8. , M.D., dated 04/04/06, 06/28/06, 08/01/06, 09/01/06, 01/16/07 thru 03/19/08
9. Operative report dated 04/07/06
10. , M.D., dated 05/10/06
11. Progress report dated 05/26/06
12. , M.D., dated 07/25/06, 07/26/06
13. Dr. dated 08/07/06
14. , D.C., dated 09/06/06, 09/26/06, 10/03/06, 11/06/06 thru 06/17/07
15. dated 09/09/06
16. initial behavioral medicine consultation dated 09/15/06 thru 01/15/09
17. ., M.D., dated 09/20/06

18. dated 10/23/06 thru 12/19/08
19. MRI scan of the right knee dated 11/13/06
20. Operative report dated 01/09/07
21. Operative report dated 03/20/07
22. orthopedic evaluation dated 01/14/08
23. Impairment rating and MMI dated 02/15/08
24. MRI scan without contrast of the cervical spine dated 02/29/08
25. , M.D., 04/17/08
26. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The injured employee was employed with _____ as a _____ since 09/06/04. He was working forty to fifty hours per week when the accident occurred.

On xx/xx/xx, the Employer's First Report of Injury or Illness indicated the employee fell off a dock while loading a truck.

On 01/23/06, an x-ray of the thoracic spine had the impression of spurring in the cervicothoracic spine with no acute compression fracture seen. There was an x-ray of the right knee. The impression was osteoarthritic spurring at the right knee joint. There was no acute fracture seen.

On 02/20/06, the employee presented for an MRI of the right knee with _____, M.D. The impression was medial meniscal tear and a horizontal tear in the posterior horn. No evidence of lateral meniscal tear. ACL, PCL, medial, and lateral collateral ligaments were intact. Small areas of Grade III/IV chondromalacia were noted in the central weight bearing surface of the medial condyle. Mild osteoarthritis predominantly involving the medial compartment. Patello chondromalacia and there was a Grade I/II chondromalacia in the lateral facet.

The employee saw _____, M.D., on 03/03/06. The chief complaint was right knee pain. Dr. _____ recommended conservative treatment as well as corticosteroid injections.

There was an MRI of the cervical spine at Preferred Imaging on 03/22/06. The impression was a minimal sterilized disc bulge at C3-C4 and C7-T1. No spinal stenosis or cord compression was identified. Posterior osteophytic spurring with an associated disc bulge at C4-C5 and C5-C6. There was mild spinal stenosis at the C5-C6 level and generalized disc bulge at C6-C7.

The employee saw _____, M.D., on 04/04/06. The recommendation on that date was an upper extremity EMG and nerve conduction study.

There was an operative report dated 04/07/06 from _____, M.D. The diagnosis was medial meniscus tear of the right knee and articular cartilage injury.

There was an EMG/NCV report from _____, M.D., on 05/10/06 which was suggestive of moderate right carpal tunnel syndrome as evidenced by moderate prolongation of the

right medial motor and sensory latencies of the wrist. There was no evidence of EMG changes and no evidence of the left carpal tunnel syndrome.

The employee saw , P.T., on 06/02/06 with complaints of neck pain which radiated sensitive left upper extremity. The treatment was to initiate cervical spine stretching of stabilization exercise.

A CT of the cervical spine on 07/25/06 noted multilevel degenerative spondylitic changes worse at C5-C6 and C6-C7. At C5-C6, broad-based central disc protrusion effaces the ventral thecal sac and contributed to mild spinal canal stenosis with a canal measuring 9.10 mm

There was a Designated Doctor Evaluation on 07/31/06. It was noted that the employee was scheduled for additional surgery consultation, and therefore, was not at Maximum Medical Improvement (MMI).

There was an initial evaluation at on 09/15/06 by , M.S., LPC.

X-ray of the bilateral knees on 10/23/06 noted decreased joint space of the medial aspect of the knee.

An MRI of the right knee on 11/13/06 noted significant truncation of the medial meniscus was present with findings most likely reflective of prior meniscectomy. Tricompartamental osteoarthritis with the most significant changes of the medial compartment with marked chondral thinning along the weight bearing surface of the femur and full thickness chondral loss was also present.

There was a procedure note on 11/21/06 from , M.D.

An operative report was dated 01/09/07 from , M.D. The preoperative diagnosis was right knee pain with locking, catching, and limited motion status post knee scope surgery times one with a clinically medial meniscus tear, loose body, and anterior cruciate ligament tear.

An X-ray of the chest was done on 03/14/07 with the impression of no radiographic evidence for acute cardiopulmonary process.

An operative report dated 03/19/07 from Dr with a postoperative diagnosis of C5-C6 disc herniation with possible nerve compression.

Another operative report dated 03/20/07 from Dr. with the same diagnosis.

On 03/22/07, a CT of the cervical spine from , M.D., Ph.D.

On 03/23/07, there was another operative report from Dr. with a preoperative/postoperative diagnosis of postoperative cervical wound infection versus hematoma. An x-ray of the chest on 03/23/07 noted no acute cardiopulmonary process demonstrated.

There were x-rays of the cervical spine dated 03/30/07. The impression was status post anterior cervical discectomy and fusion at C5-C6. Two prevertebral soft tissue swelling from the C3 level to the C6-C7 level.

On 07/10/07, x-rays of the bilateral knees were taken from , M.D.

On 07/17/07, and MRI of the right knee from , M.D., noted degenerative osteoarthritis, particularly in the medial compartment, chondromalacia in the medial compartment. There was also a defect in the articular cartilage of the femoral trochlea laterally. The medial meniscus was poorly visualized truncated likely reflecting previous meniscectomy

There was operative report from , M.D., dated 09/04/07. The procedure was a right total knee arthroplasty.

On 09/11/07, the employee saw , M.D.

On 09/11/07, there was an x-ray of the chest from , M.D., Ph.D. The impression was mild bilateral bronchitis status post ACD of the lower cervical spine.

An x-ray of the right knee on 12/18/07 indicated that a total knee arthroscopy was in place. A psychophysiological profile assessment from , M.S., noted that a pain management program would be helpful.

, D.C., saw the employee on 02/15/08 for an impairment rating and MMI.

On 02/29/08, an MRI of the cervical spine was performed by , M.D.

The employee saw , M.D., on 04/14/08. Dr. offered a 25% whole person impairment rating to the employee.

Dr. saw the employee on 12/19/08, who indicated that the employee would benefit from advancing physical therapy program and should participate in active life care.

The employee continued to treat at , and there were chronic pain management notes dated through 12/29/08.

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

Per available records, the employee was approved for and has completed twenty days of a chronic pain management program. Over the first twenty days of the program, the employee has been able to significantly increase his functioning while reducing pain levels from 05/10 to 3/10 VAS. Likewise, the employee has made good improvement in reducing self-reports of irritability, frustration, tension, anxiety, depression, sleep disturbance, and forgetfulness. The employee is also down to taking 0-1 Darvocet per day. His PPA shows that he has improved from a light to a medium physical demand level with a return to work goal of working with a required heavy physical demand level.

Individualized treatment plan for the employee addresses goals of increased walking, standing, lifting, carrying, and sitting tolerances, and increased times on the ERGO stations from current forty-five minutes per station to one hour per station. BDI and BAI scores were not reported. There are really no psychosocial goals set out in the individualized treatment plan, and as such, another ten days of an interdisciplinary CPMP is not warranted. As such, this request cannot be considered medically reasonable or necessary.

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

1. American College of Occupational & Environmental Medicine
2. Division of Workers' Compensation Policies or Guidelines
3. Medical judgment, clinical experience and expertise in accordance with accepted medical standards
4. Official Disability Guidelines & Treatment Guidelines