

# Core 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/13/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Chronic pain management program 5xWk x 2Wks-left knee (80hrs)97799

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

M.D., 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**

ODG Guidelines and Treatment Guidelines

Occupational Clinic note 07/06/06

MRI Lt. Knee 07/20/06

Dr. – DDE 12/13/07

Office note Dr. 07/06/08, 07/16/08

Dr. – DDE 07/26/08

MRI Lt. Knee 09/29/08

Physical Therapy Progress Note: 09/29/08

Dr. note 12/03/08

Dr. Operative Report 12/03/08

Dr. ortho consult) 02/04/09

Mental Health evaluation 02/17/09

Dr. – DDE 03/07/09

Peer Review -- Dr. (ortho) 03/12/09

Office note Dr. 04/29/09

Mental Health Re-Evaluation 06/16/09

Functional Capacity Evaluation 07/23/09

Peer Review Dr. (physical med/rehab) 08/03/09

Peer Review – Dr. (psychology) 08/18/09

Dr. Independent Medical evaluation 08/27/09

Dr. office note 08/31/09

(attorney) 09/29/09

#### **PATIENT CLINICAL HISTORY SUMMARY**

This a male who sustained a trip and fall with twisting injury to his left knee on xx/xx/xx with an initial diagnosis of internal derangement. A left knee MRI dated 07/20/06 revealed a complex medial meniscus tear (MMT) and a high-grade anterior cruciate ligament (ACL) tear along with medial compartment arthrosis and chondromalacia. Failed conservative care including physical therapy, medications and activity modifications as well as Synvisc and steroid injections.

A mental health evaluation completed on 02/17/09 recommended a trial of interdisciplinary pain management program to address the claimant's chronic pain, functional deficits and general deconditioning. A designated doctor evaluation completed on 03/07/09 found the claimant to be at maximum medical improvement with 8 percent whole person impairment. He recommended surgical repair of the left medial meniscus and anterior cruciate ligament tear when the claimant became a surgical candidate.

On 04/29/09, Dr. documented subjective complaints of pain with mechanical symptoms which included popping, clicking, grinding and episodes of give away. Left knee x-rays dated 02/04/09 revealed severe medial compartment patellofemoral arthritis and varus deformity. A left total knee arthroplasty was recommended for osteoarthritis exacerbated by his injury. A functional capacity evaluation completed on 07/23/09 determined the claimant to be at a sedentary physical demand level with his job requiring a heavy physical demand level. A comprehensive pain management program was recommended. An independent medical evaluation completed on 08/27/09 by Dr. determined the claimant to have progressive degenerative arthritis of the left knee aggravated by his MMT and ACL tears. Authorization was requested for a chronic pain management program five times a week for two weeks directed to the left knee.

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

The requested chronic pain management program five times a week for two weeks to the left knee is not medically necessary based on review of this medical record.

This is a gentleman who injured his left knee in xxxx. Post injury testing documented a medial meniscal tear and anterior cruciate ligament injury. He has had progressive loss of left knee function and over time has gained weight and decreased his overall level of activity. His most recent medical records document significant clinical findings of arthritis with limited motion, tenderness, clicking, grinding and ligamentous laxity. He has had a recent 08/27/09 independent medical evaluation. The doctor performing the IME felt he needed a knee replacement operation.

ODG guidelines document the use of a multidisciplinary pain management program in patients who have had an adequate and thorough evaluation and who have failed appropriate treatment and who are not candidates for surgery, which might improve their condition.

Records indicate this claimant has progressive degenerative arthritis of his knee, and is a surgical candidate for knee replacement surgery. There is no specific need for chronic pain management in a patient who has a mechanical problem that can be fixed with a standard orthopedic operation. Therefore, the requested pain management evaluation and treatment is not medically necessary. The reviewer finds that medical necessity does not exist for Chronic pain management program 5xWk x 2Wks-left knee (80hrs)97799.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates:  
Chronic Pain – Multidisciplinary Pain Management Program

Criteria for the general use of multidisciplinary pain management programs

Outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances

- 1) The patient has a chronic pain syndrome, with evidence of loss of function that persists beyond three months
- 2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement
- 3) If a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits (80 hours) may be implemented to assess whether surgery may be avoided.
- 4) Documentation that the patient has motivation to change, and is willing to change their medication regimen
- 5) Negative predictors of success should be identified, and if present, goals should indicate how these will be addressed
- 6) If a program is planned for a patient that has been continuously disabled for greater than 24 months, the outcomes for the necessity of use should be clearly identified, as there is conflicting evidence that chronic pain programs provide return-to-work beyond this period. These other desirable types of outcomes include decreasing post-treatment care including medications, injections and surgery
- 7) Treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains
- 8) Total treatment duration should generally not exceed 20 full-day (160 hours) sessions

**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)