

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/21/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office visit with pain management doctor, 99214

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

Daily Occupational Therapy Notes: 11/06/06; 11/08/06; 11/10/06; 11/13/06; 11/15/06; 11/16/06; 11/24/06; 11/28/06; 12/04/06; 12/06/06; 12/13/06; 12/18/06; 01/19/07; 01/23/07; 01/24/07; 02/05/07; 02/07/07

Office note, PA-C, 07/21/06, 08/21/06, 0-9/13/06, 09/18/06, 10/13/06, 12/08/06, 03/09/07

Office note, PA-C, 07/28/06

MRI left wrist, 08/07/06

Operative Report, Dr., 09/06/06, 11/01/06

Daily Occupational Therapy Notes: 11/06/06 through 02/07/07

Office notes, Dr., 11/13/06, 02/05/07, 04/27/07

Office notes, Dr., 01/30/07, 02/13/07, 02/26/07, 03/27/07, 04/24/07, 05/25/07, 07/02/07, 08/06/07, 09/17/07, 10/29/07, 12/14/07, 02/22/08, 03/14/08, 04/11/08, 05/16/08, 06/20/08, 08/01/08, 08/29/08, 10/10/08, 11/21/08, 01/09/09, 03/06/09, 04/10/09, 05/08/09, 06/19/09, 07/31/09

Triple Phase Bone Scan, 03/22/07

EMG/NCV studies, Dr., 05/01/07

Office note, PA-C, 05/10/07, 05/31/07, 07/27/07

Letter of Denial, 09/09/09, 09/17/09

PATIENT CLINICAL HISTORY SUMMARY

This a female who sustained a weight bearing injury to her left wrist on xx/xx/xx . A left wrist MRI performed on 08/07/06 revealed findings of a scapholunate tear with dynamic instability and a triangular fibrocartilage complex (TFCC) tear as well as de Quervain's tenosynovitis.

She underwent a left wrist arthroscopy with debridement of TFCC tear, a scapholunate ligament debridement and stabilization of scapholunate bones using K-wires and a de Quervain's release of 1st dorsal compartment on 09/06/06. The claimant then underwent symptomatic hardware removal on 11/01/06. Left wrist x-rays from 12/08/06 demonstrated well-aligned scapholunate interval. Postop care included physical therapy, activity modifications, analgesics, anti-inflammatories and light duty work restrictions.

The 02/26/07 office record revealed continued persistent wrist pain with considerable neuropathic features. Dr. believed the claimant had possible early reflex sympathetic dystrophy (RSD). The claimant underwent a triple phase bone scan on 03/22/07, which revealed no evidence of RSD. An EMG/NCV study completed on 05/01/07 revealed negative findings for any nerve damage or neuropathy.

The 05/25/07 office note revealed the claimant had been assigned a 3 percent impairment rating. Dr. diagnosed the claimant with left wrist pain and RSD, unspecified on 02/22/08. Documentation revealed continued, persistent and ongoing left wrist pain and swelling with associated numbness and tingling sensations treated conservatively with intermittent cold packs, multiple oral, topical and transdermal medications, an interferential unit, a wrist cock-up splint and 2 weeks participation in a multidisciplinary pain clinic without significant or long-term improvement. The 08/01/08 record also revealed the claimant underwent what appears to be some type of plexus block performed by Dr. without improvement. Dr. noted on 10/10/08 that a recent independent medical evaluation recommended a glove or brace for the wrist and hand. The 03/06/09 office note also revealed no improvement following a spinal cord stimulator trial. Records revealed the claimant underwent an exam on 05/18/09 with Dr. who did not believe any additional treatment was needed. On 06/19/09, Dr. documented complaints of significantly increased pain resulting from the claimant being unable to obtain her medications not covered by the carrier. The exam revealed tenderness to palpation along the radial side of the left wrist and base of thumb with some hyperpathia noted in region of superficial radial nerve as well as localized swelling along dorsal surface of distal wrist on radial side. Dr. prescribed continued medication management and follow up for continued left wrist pain.

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

The requested office visit with a pain management doctor cannot be justified based on the information provided.

This claimant underwent an arthroscopic left wrist surgery and has reported ongoing persistent subjective pain complaints. The claimant had a negative bone scan for reflex sympathetic dystrophy. The claimant also had a normal electrodiagnostic study in the past.

The claimant has already tried a multidisciplinary pain clinic for two weeks with no reports of improvement. The claimant underwent a previous plexus block, also with no reports of subjective improvement. The claimant underwent a previous spinal cord stimulator trial with no report of subjective improvement.

An examiner on 05/18/09 did not believe any additional treatment was necessary. Records indicate a preponderance of subjective complaints with no clear objective signs of a complex regional pain syndrome and essentially no improvement with all previous types of care, including pain management. An additional visit with a pain management specialist is not medically necessary given the records reviewed. The request does not conform to the ODG. The reviewer finds that medical necessity does not exist for Office visit with pain management doctor, 99214.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates:
Chronic Pain – Office Visits

ODG guidelines -- Office visits: 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

Further, ODG does provide guidance for therapeutic office visits not included among the E&M codes, for example Chiropractic manipulation and Physical/Occupational therapy

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)