

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Female

Date of Injury: xx/xx/xx

Mechanism of Injury: Slip and fall.

Diagnosis: Right knee closed fracture of the patella, pain disorder, and major depression (single episode, mild without psychotic features).

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

This female sustained an industrial injury to her right knee on xx/xx/xx, while working. The mechanism of injury was a slip and fall on a wet floor. Her diagnoses were: "Right knee closed fracture of the patella", "Pain Disorder," and "Major Depression, single episode, mild without psychotic features." She had received conservative treatment, underwent 2 knee surgeries, physical therapy (PT), work hardening, and psychotherapy with, Ph.D., LPC. The medical records indicated that she had some improvement during her psychotherapy sessions, but a note on 6/8/10, indicated that she had some past suicide ideations, although it was reported that she had not had any for 1 month. Given that data, it appeared that she was experiencing suicidal ideation in the May 2010 time frame. According to the medical records, the patient had reported her perceived pain intensity levels at 5-7/10, on a scale of zero (0), indicating no pain, to ten (10), indicating excruciating pain. She described the pain in her right leg as constant stabbing with some shooting pains. She continued to report numerous physical limitations, including inability to stand or walk for long periods of time, as well as mild depression and anxiety. The first review for services was done by, Ph.D. Dr. stated that the psychological evaluation of 6/15/10 found impressions of a pain disorder and major depressive disorder, However, it was inadequate for entry to a CPMP and stated that it did not meet the criterion: "The interpretations of the evaluation should provide clinicians with a better understanding of the patient in their [sic] social environment, thus allowing for more effective rehabilitation." [Official Disability Guidelines. (2009). Pain]. It did not provide a "thorough behavioral psychological examination," or a reasonable "manifest explanation for the etiology and maintenance of patient's clinical problems," i.e., pain complaint, behavior, and disability (., et al. (2005). Dr. also indicated that other evidence-based clinical guidelines for interdisciplinary rehabilitation of chronic non-malignant pain syndrome patients. [Pain Practice, 5(4), 303-315; p. 306] where there were patellar fractures does not account for continuing disability, which he felt was only relative to the job she previously held (involving a good deal of standing, in food preparation work). Dr. also indicated that a comprehensive pain program is not designed to assist a patient with formal retraining or to alter any prescribed medical work restrictions. Medical work or activity restrictions are generally prescribed to avoid risk of worsening a condition, a delay in recovery, or risk of other injury. He continued to state that there is no known empirical support for restriction based solely on emitted pain behavior or subjective complaint, i.e., "Increases in pain do not equate to injury for patients with chronic pain." [ACOEM. (2008). Chronic pain. Occupational Medicine Practice Guidelines, 2nd ed.; Chapter 6, page 67]. Dr. recommended non-approval of the request. A peer review was conducted on 6/22/10, by, M.D. a psychiatrist, who stated that the psychological assessment lacked comprehensiveness. The provider, he stated, reported significant improvement in depression and anxiety after 4 sessions of psychotherapy but he felt that her initial ratings were mild, average, or below average range. Dr. also stated that negative predictors of

success were not addressed. In addition, a statement was made that additional surgery was not recommended after a recent orthopedic surgery consultation but the statement was not supported by any documentation. He also stated that the psychological assessment contained a very brief mental status exam, limited discussion of social impairments and activities of daily living (ADLs), and no discussion of interpersonal impairments. Due to the deficiencies in the documentation of an "adequate and thorough multidisciplinary evaluation," Dr. stated that he could not recommend overturning the denial of this request for 20 sessions of a CPMP. This reviewer is not able to overturn the previous reviews since the claimant did not meet the criteria for entry into a chronic pain program as stipulated by the ODG criteria for several reasons, namely, a comprehensive psychological assessment was not done to identify any personality factors that may impede her recovery, she only had four individual psychotherapy sessions with some suicide ideation (not appropriate for a CPMP), no clear indication that all lower levels of treatment and/or surgery had been completed, and no documentation of how she did on her work hardening program. This reviewer agrees with the past reviews (except where Dr. stated that the claimant's scores on BDI, BAI, etc were mild, average, or below average initially- this was not true, most of the indicators were high) that clinical indication and necessity of treatment could not be established. This request for 20 sessions of a CPMP is not medically necessary and this reviewer is in agreement with the past reviews. Therefore, the previous adverse determination is upheld.

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

x ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE.

American College of Occupational and Environmental Medicine (ACOEM),

Occupational Medical Practice Guidelines, Second Edition, Chapter 6, page 67.

- 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.

x ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Pain--Psychological evaluations

. PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).