

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/22/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPM 80 hours (5 times a week for 2 weeks)

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

MD, Board certified in Physical Medicine and Rehabilitation with expertise in pain management

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

Adverse Determinations, 4/18/10, 5/8/10

Qualcare Rehabilitation 4/28/10, 3/3/10, 12/28/09

Allied Medical Centers 4/28/10

Functional Improvement Measure 3/3/10

ODG, Pain

PATIENT CLINICAL HISTORY SUMMARY

This is an man who worked for 14 years at a job described as requiring a heavy work ability. He was required to walk constantly and park work trucks on uneven terrain. On xx/xx/xx he tripped over a metal bar and fell on his right knee and ankle. He did have a tib/fib fracture and required an ORIF. He participated with PT for 45 sessions. He is not taking pain medications. He was seen for an FCE and was functioning at a medium level. Then on a second follow up FCE he had improved and was functioning at a medium heavy level. He can lift 50 pounds floor to waist and 40 pounds waist to shoulder. He can carry 40 pounds a distance of 20 feet. He has plantar flexion on the right of 30, dorsiflexion 15, inversion 20, eversion 15. He has a BDI of 19 with mild depression and BAI indicates minimal anxiety. Evaluation indicates he has decreased his activities and has generalized deconditioning. However the FCEs show he is improving.

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

This gentleman is not using pain medication. He has had at least 45 sessions of physical therapy with improvement. FCE shows he has continued to improve. He is at a medium-heavy level of work. He is not overly reliant on the health care system. There are not high levels of depression or anxiety that need to be addressed. Based on the medical records and the ODG criteria, the indication for a chronic pain program is not established in this patient's case. The reviewer finds that medical necessity does not exist for CPM 80 hours (5 times a week for 2 weeks).

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)