



**IRO# 5356**  
**5068 West Plano Parkway Suite 122**  
**Plano, Texas 75093**  
**Phone: (972) 931-5100**

**DATE OF REVIEW:** 07/01/2010

**IRO CASE #:**

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

IRO - 23 hour observation with Pain Pump to control pain 3/25/10

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

**REVIEW OUTCOME:**

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

**Overturned**

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
IRO - 23 hour observation with Pain Pump to control pain 3/25/10	99218, 99284, 96374, 85025, 80048, 36415	-	Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request		21	06/15/2010	06/15/2010
2	Op Report		30	03/24/2010	03/27/2010
3	Initial Denial Letter		13	04/14/2010	05/14/2010
4	IRO Request		10	06/08/2010	06/15/2010
5	Archive		53	06/30/2010	06/30/2010

**PATIENT CLINICAL HISTORY (SUMMARY):**

This patient is a male who suffered a stab wound to the left hand on xx/xx/xx. He underwent surgical management in xxxx. Unfortunately, he developed intractable pain. He was felt to have suffered neuroma development on the radial aspect of the index finger. This was explored on 03/24/2010. He suffered intractable pain and sought care in the emergency room on the evening of 03/25/2010. After a dose of Demerol was ineffective in alleviating his complaints of pain, a PCA morphine pump was instituted. He was discharged on 03/26/2010 after a 23 hour observation admission for pain relief.

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

Reportedly, this patient suffered intractable pain in his finger and hand preoperatively. Efforts to achieve post operative pain relief utilizing oral pain medication were ineffective. The patient was evaluated in the emergency room and an intramuscular injection of Demerol was ineffective. Apparently, the patient required PCA morphine administration. The patient was ultimately discharged after being transitioned to oral medication. Intractable post operative pain is a potential red flag that cannot be ignored. Observation type admission appears appropriate. Medical necessity for such an admission was established. The need for a 23 hour observation for pain control is medically necessary.

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

The ODG, 2010, pain chapter is silent on the issue of acute post operative pain management. The OKU9, chapter 21 "Pain Management in Orthopedics" pg 259 - 269

- ACOEM- AMERICAN 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)

The OKU9, chapter 21 "Pain Management in Orthopedics" pg 259 - 269

**TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS:** The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 07/01/2010.