

SENT VIA EMAIL OR FAX ON
Jun/22/2010

True Decisions 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:

8 hours per day X 10 days of a Chronic Pain Management Program

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

OD Guidelines
Denial Letters 3/25/10, 4/16/10,4/19/10
MRloA 3/24/10 and 4/19/10
Clinic 2/9/10 thru 3/12/10
Work Hardening Treatment Plan 2/16/10 thru 3/29/10
FCEs 2/9/10 and 2/24/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx/xx/xx. He had left knee surgery in November 2009. The peer review state he had "augmentation" of the ACL and PCL with partial medial and lateral meniscetomies. This was followed by 9 sessions of postoperative PT. He was enrolled in 20

sessions of work hardening from 2/16-3/19/10. He continues to have pain. He underwent a pre-work hardening psychological assessment by Ms. on 2/9/10. There were no reports of the psychological treatment sessions during the work hardening program. He was labeled as being depressed (BDI 24) and having anxiety (BAI24). He continues to have pain. At his 3/12/10 FCE, Dr. Meyer wrote "Mr. Ward shows continued signs of decreased functional ability despite 20 sessions of a Work Ward program...it seems he has exhausted all lower level modalities and it is my opinion she (sic) remains unable to effectively deal with his chronic pain. I feel a Chronic Pain Management program would greatly benefit this gentleman. " The goals are to increase his endurance, cope with anxiety, depression and pain, and to improve PDL and return to work.

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

The ODG specifically advises one to chose a pain program or a work hardening program. The pain program is generally not to follow the work hardening program. Dr. Meyer notes he has no other treatment to offer. That is not justification according to the ODG. Further, work hardening is to include psychological treatment. The IRO reviewer did not see that his anxiety and depression and coping skills were taught during the program nor any reassessment. There is no excess of pain medication use to be addressed. There was no justification for the medical necessity for the program provided.

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)