

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/19/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program 5 x wk for 2 wks 80 hours

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

MD, Board Certified in Physical Medicine and Rehabilitation

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

5/21/10, 6/9/10

6/28/10, 5/30/10, 5/15/10, 4/23/10

Medical Center 4/16/10, 8/10/09, 1/11/10, 2/15/10

FOCUS FCE 5/5/10

8/7/09

EHOSM 8/14/09

M.D. 1/12/10, 1/25/10, 3/8/10

Healthcare 1/19/10

Hospital 1/12/10, 1/22/10, 1/26/10, 1/21/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured with a fall on his knees on xx/xx/xx. He had a right orbital and minimally depressed nasal fractures. The right appears to have more problems. The diagnosis was contusion and prepatella bursitis. The MRI reportedly showed a minimal ACL strain, but there is a note of a grade III meniscal tear. He had an arthroscopic medial meniscectomy and chondroplasty on 1/22/10. He had ongoing pain after 20 sessions of PT and aquatic therapy. He has normal motion of 0/135 (140 by Dr) degrees. He was noted to have a large amount of depression (BDI 38). He tested at a medium PDL, although Dr. felt he was at a lower level. He was described "...before the accident he was an energetic, vivacious, and upbeat person..." He is on 2 hydrocodone a day for pain. He reportedly is motivated to go to work.

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

The claimant has ongoing knee pain. The articular injury was addressed by the chondroplasty, but that does not cure the pain. He had physical therapy, but has residual of a traumatic arthritis of the knee. He had therapy and the FCE showed he met the functional demands of his job, although Dr. notes some limitations and restrictions. The functional deficits present are largely compounded by his depression. The treatment program described medication weaning, but he is on 2 pills a day. There is no substance abuse problem according to the records.

Recent studies show the importance of cognitive treatment rather than chemical treatment of reactive depression. The claimant had 2 sessions of a psychological assessment (interview), but it was not clear if he has had any formal psychotherapy addressing the coping issues. The ODG, in criteria 2 for pain programs, states that a person would be appropriate for the program if "...there is an absence of other options likely to result in significant clinical improvement." It would appear in this case that the claimant had 2 psychological assessments, but that "further treatment options, including brief individual or group therapy" should be completed and progress assessed before he would meet the ODG guideline for entering a multidisciplinary pain program. The reviewer finds that medical necessity does not exist at this time for Chronic Pain Management Program 5 x wk for 2 wks 80 hours.

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)