



Notice of Independent Review Decision

DATE OF REVIEW: 6/21/10

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for (97799 CPMP) Outpatient Chronic Pain Management Program (CPMP) for 10 days.

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

Texas licensed Physical Medicine and Rehabilitation/Pain Management specialist.

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for (97799 CPMP) Outpatient CPMP for 10 days.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Notice of Utilization Review Findings dated 4/30/10, 4/5/10.

- Pre-Authorization Request dated 4/23/10, 3/30/10.
- Pain Report dated 3/22/10.
- FCE Comparison Report dated 3/22/10.
- Static Strength Data Report dated 3/22/10.
- Static Strength Comparison Report dated 3/22/10.
- Goniometry Report dated 3/22/10.
- Maximum Grip Strength Report dated 3/22/10.
- 5- Position Grip Test dated 3/22/10.
- Functional Capacity Evaluation dated 3/19/10.
- Detailed Narrative Report dated 3/19/10.
- Evaluation dated 3/19/10.
- Assessment Results dated 3/18/10.
- Treatment Report dated 3/15/10.

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age:

Gender: Female

Date of Injury:

Mechanism of Injury: Fell and landed on concrete.

Diagnosis: Right knee arthritis

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, when she fell and landed on concrete. She immediately notified her supervisor on the date of injury and began medical treatment the following day, , with a company physician. The diagnosis was right knee arthritis. She underwent a right knee diagnostic X-ray, however, the radiology report was unavailable. A right knee MRI scan, on 12/5/08, demonstrated moderate osteoarthritic changes, most severe in the patellofemoral compartment and a ganglion cyst measuring 6 mm with probable extension into the anterior aspect of the medial tibial plateau. The claimant underwent a right knee injection. Additionally, on 2/19/09, diagnostic X-rays of the right knee demonstrated mild spurring of the lateral patellofemoral joint. Lumbosacral spine diagnostic X-rays demonstrated significant hypertrophic osteoarthritic changes at L4-5 and decreased disk height at both L4-5 and L5-S1 levels. Due to a failure of conservative management, the claimant underwent arthroscopic right knee surgery on 6/26/09, including chondroplasty, partial medial meniscectomy, and removal of several loose bodies. She received post-operative physical therapy. Prior to the arthroscopic right knee surgery of 6/26/09, a work hardening program was non-authorized. Further surgery was not recommended. The claimant began her CPMP as of late February of 2010 and completed her 20th day on 3/22/10. The treating provider requested an additional 10-day CPMP. This had been non-authorized on two previous requests and was

now referred for independent review. The request for an additional 10 days of the CPMP remains non-authorized. According to the ODG, the “Total treatment duration should generally not exceed 20 full-day (160 hours) sessions (or the equivalent in part-day sessions if required by part-time work, transportation, child care, or comorbidities). Treatment duration in excess of 160 hours requires a clear rationale for the specified extension and reasonable goals to be achieved. Longer duration is required for individualized care plans explaining why improvements cannot be achieved without an extension as well as evidence of documented improvement outcomes from the facility (particularly in terms of the specific outcomes that are to be addressed).” Review of the submitted medical documentation indicated that the claimant had achieved minimal progress during the first 20 days of the CPMP with regard to physical function. Initially, she was at light duty and on the 20th day was at the light-to-medium duty physical demand level. She required a very heavy physical demand level to return to her former employment. Additionally, there were also minimal documented goals achieved with regard to her psychological function. For example, the Fear-Avoidance Beliefs Questionnaire (FABQ) demonstrated insignificant changes with regard to her progress over the first 20 days of the CPMP. Additionally, other psychological testing such as the Oswestry Disability Index and Beck Depression Inventory also demonstrated no significant progressive benefit. With regard to the self-reported sleep problems, there were no changes between the 10th and 20th day of the CPMP. Additionally, during that time, there had been an increase in self-reported frustration, muscle tension, anxiety, depression, and irritability. Finally, the treating provider’s individualized treatment plan that would be carried out during the requested additional 10 days of the CPMP was unrealistic with regard to the goals to be achieved, considering that during the first 20 days only minimal physical goals were achieved. The treating provider is also intending to implement “New Methods Incorporated to Achieve Goals” which includes use of larger muscles for heavier duty demands and shorter exercise periods which is primarily self-pacing. These types of strategies are generally not effective, especially in light of the claimant demonstrating only minimal physical progress during the first 20 days of the CPMP. 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:

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
- x** ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
 - Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Pain – Chronic pain programs (Functional restoration programs).
- 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).