

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 04/12/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 80 Hours Of Chronic Pain Management Program Right Knee (10 sessions for 8 hours per day)

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

Texas Board Certified Physical Medicine & Rehabilitation and Pain Management

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. MRI of the right knee dated 12/03/08
2. Medical records, Dr., 03/02/09
3. Medical records, Dr., 08/24/09
4. Initial medical report dated 01/19/09
5. Functional Capacity Evaluation dated 01/26/09
6. Operative report dated 05/05/09
7. Follow up consultation notes dated 06/25/09, 10/22/09
8. Range of motion testing dated 10/08/09
9. Handwritten progress notes dated 11/23/09
10. Functional Capacity Evaluation dated 12/03/09
11. Mental health evaluation dated 12/10/09
12. Team treatment plan dated 12/10/09
13. Vocational assessment note dated 12/10/09
14. Patient summary of care dated 12/21/09
15. Utilization review determination dated 01/22/10 and 02/04/10
16. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female whose date of injury is xx/xx/xx. On this date, the claimant reported twisting her right knee while falling down a cliff.

An MRI of the right knee dated 12/03/08 revealed osseous contusion involving the posterior aspect of the lateral tibial plateau, tear of the anterior cruciate ligament, tear of the posterior horn of the medial meniscus, joint effusion, and strain or partial tear of the popliteal muscle.

A consultation dated 03/02/09 indicated that the employee underwent two weeks of physical therapy, but continued to complain of right knee pain and instability.

The employee underwent right knee anterior cruciate ligament reconstruction, partial medial and later meniscectomy, chondroplasty patella, bone graft patella, and insertion and removal of interosseous percutaneous pin on 05/05/09.

A follow up note dated 06/25/09 indicated that the employee continued to complain of elevated pain levels and was recommended to continue in physical therapy.

An evaluation dated 08/24/09 indicated that the employee had to relocate from Houston to Atlanta and only underwent four sessions of postoperative physical therapy. The employee was recommended to begin a rehabilitation program and was placed on anti-inflammatory medication.

The employee reportedly underwent a Designated Doctor Evaluation on 10/19/09 and was determined not to have reached Maximum Medical Improvement (MMI).

A follow up date dated 10/22/09 indicated that the employee continued in physical therapy three times a week but had not noticed any real changes in her symptoms.

A Functional Capacity Evaluation (FCE) dated 12/03/09 indicated that the employee's current physical demand level was sedentary and the required physical demand level was heavy. The employee demonstrated a deficit in range of motion and lifting tests were terminated for safety precautions.

The claimant underwent a mental health evaluation on 12/10/09. The employee reported pain related agitation, stress related nervousness, and stomach pain or cramps. Medications were listed as Lorcet, Ultram, Lyrica, and Piroxicam. The employee was reportedly not a candidate for additional surgery. BDI was 39 and BAI was 28. The diagnosis was pain disorder associated with both psychological factors and a general medical condition.

The employee's summary of care dated 12/21/09 indicated that the employee underwent eighteen postoperative physical therapy sessions.

An initial request for chronic pain management program was non-certified on 01/22/10 noting that the employee's progress in physical therapy was not documented, and the employee had not completed the recommended number of twenty-four postoperative visits for this condition.

The denial was upheld on 02/04/10 noting that the employee improved with postoperative physical therapy but continued to have persistent fear of reinjury. The

employee has not attempted work hardening or work conditioning. The reviewer noted a lack of information regarding the employee's response to lower levels of care.

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

Based upon the clinical information provided, the previous denials are upheld, and the request for eighty hours of a chronic pain management program is not recommended as medically necessary.

The employee underwent surgical intervention to the right knee in May, 2009 followed by eighteen sessions of postoperative physical therapy. The submitted records do not include a comprehensive assessment of the employee's response to treatment completed to date to establish that the employee has failed lower levels of care and is an appropriate candidate for this tertiary level program. The employee's mental health evaluation indicated that the employee has a BDI of 39 and BAI of 28; however, there is no indication that the employee has undergone a course of individual psychotherapy to treat these psychological symptoms.

Given the current clinical data, the requested chronic pain management program is not indicated as medically necessary.

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

2010 *Official Disability Guidelines*, 15th Edition, Work Loss Data Institute, online version, Pain Chapter.