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Notice of Independent Review Decision

DATE OF REVIEW: 10/28/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Chronic pain management program 5xWkx2Wks right knee right rib
97799

Request Received Date 09/02/2010

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

Texas Board Certified in Physical Medicine and Rehabilitation

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. Documentation from Dr., 03/12/10, 08/04/10, 08/18/10, 08/20/10, 09/01/10
2. Functional Capacity Evaluation (FCE), 08/20/10
3. Letter dated, 10/07/10
4. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The date of injury was listed as xx/xx/xx. The records available for review document that on the date of injury, the injured employee sustained a fall in the workplace when she was sweeping and mopping a floor. The employee slipped and fell, landing on the right knee and right ribcage region. Additionally, the employee developed difficulty with pain in the right little finger. It was documented the employee had been with this employer for approximately four months at the time the injury occurred.

The employee was evaluated by Dr. on 03/12/10. On that date, it was documented that when the employee was xx years of age, she underwent surgical intervention to the right knee for treatment as it related to repeated dislocations of the patella. On that date, the employee was diagnosed with internal derangement of the right knee, a right little finger contusion, and a right ribcage injury. It was recommended that a right knee MRI be obtained. The employee was provided a prescription for Medrol Dosepak and Hydrocodone.

The employee was evaluated by Dr. on 08/04/10. On that date, it was documented the employee was evaluated by Dr.. This physician recommended treatment in the form of additional physical therapy for the right knee. It was documented that Dr. wanted to pursue additional physical therapy in an effort to “strengthen her VMA and avoid potential surgical intervention”. This physician also recommended the employee be evaluated by a hand specialist with respect to the right little finger. On this date, a referral was made to Dr. with respect to the right hand.

Dr. evaluated the employee on 08/18/10. On this date, it was recommended the employee receive treatment in the form of a Functional Capacity Evaluation (FCE) program. It was noted the employee was soon to commence with school.

Dr. evaluated the employee on 08/20/10. It was noted the employee was with an antalgic gait pattern. It was documented that an FCE had been accomplished, which revealed the employee was capable of light duty work activities and it was noted the employee’s preinjury work activity level was of a medium duty nature.

Dr. evaluated the employee on 09/01/10. It was documented that he had spoke with Dr., who felt at that time the employee was not in need of surgical intervention to the right knee. This physician recommended the employee be considered for treatment in the form of a functional restoration program.

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

Based upon the records available for review, *Official Disability Guidelines* do not presently support the medical necessity for a chronic pain management program/functional restoration program. The above noted reference would not presently support the medical necessity for such an extensive program for the following reasons.

Per criteria set forth by the above noted reference, if a comprehensive pain management program/functional restoration program is to be accomplished, there must be documentation to indicate that there are no plans for any type of an invasive procedure to be performed. The records available for review do not provide data to definitively indicate that there are no plans for any type of an evasive procedure in the future to the affected body regions. Additionally, the records available for review do not provide specifics with respect to how much supervised physical therapy has previously been provided. There is no documentation to indicate if there has been an attempt at less intense forms of treatment such as individual counseling.

Consequently, based upon the records presently available for review, the above noted reference would not presently support a medical necessity for treatment in the form of a comprehensive pain management program/functional restoration program.

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

Official Disability Guidelines