



## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/09/10

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Established Outpatient Visit X 1

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

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)

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.

Established Outpatient Visit X 1 – UPHELD

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Employer's First Report of Injury or Illness, Associates,
- Associate Statement, 12/15/08

- Evaluation, M.D., 12/15/08
- DWC Form 73, Dr. 12/15/08
- MRI Elbow, M.D., 12/31/08
- MRI Left Knee, Dr. 12/31/08
- DWC Form 73, D.C., 12/22/08, 01/22/09
- Chiropractic Therapy, Unknown Provider, 12/29/08, 01/06/09, 01/07/09, 01/13/09, 01/22/09
- Letter of Medical Necessity, Dr. 01/06/09
- Notice of Disputed Issue(s) and Refusal to Pay Benefits, AR Claims Management, Inc., 01/08/09
- Initial Medical Report, Dr. 01/13/09
- Treatment Referral, Dr. 01/22/09
- Pre-Authorization Treatment Plan, Dr. 01/22/09
- Initial Narrative Report, D.C., 01/23/09
- DWC Form 73, Dr. 01/23/09, 05/12/09
- Initial Functional Capacity Evaluation (FCE), Dr. 01/29/09
- Evaluation, Dr. 02/10/09, 02/17/09, 03/19/09
- Letter of Medical Necessity, Dr. 02/23/09
- Physical Therapy, Back & Neck Clinic, 02/24/09, 02/25/09, 02/26/09, 03/03/09, 03/11/09, 03/12/09, 03/17/09, 03/24/09, 04/01/09, 04/02/09, 04/07/09, 04/08/09
- Surveillance Report, Research, Inc., 03/03/09, 03/04/09
- Comprehensive Pain Management, M.D., 03/18/09, 04/14/09, 05/15/09, 06/09/09
- Bona Fide Job Offer, Associates, 03/27/09, 04/06/09
- Designated Doctor Evaluation (DDE), M.D., 03/27/09
- DWC Form 73, Dr. 03/27/09
- Peer Review, M.D., 05/08/09
- MRI Lumbar Spine, M.D., 05/13/09
- Progress Note, Dr. 06/25/09, 07/31/09, 08/28/09, 10/05/09, 11/02/09, 12/07/09, 01/05/10, 02/05/10, 03/02/10, 04/01/10, 04/30/10, 05/28/10, 07/02/10, 07/30/10, 08/31/10
- FCE, Dr. 07/10/09
- Medical Bill Fax, Dr. 08/17/09
- MRI Left Shoulder, Dr. 08/19/09
- DDE, M.D., 09/18/09
- EMG/NCV, M.D., 02/11/10
- Peer Review, D.O., 04/15/10
- Informed Consent Drug Screen Test, Comprehensive Pain Management, 04/30/10
- Request for Reconsideration, Comprehensive Pain Management, 06/24/10
- Denial Letter, 07/28/10
- Independent Review Organization Summary, Claims Management, Inc., 09/27/10
- Correspondence, Undated
- The ODG Guidelines were not provided by the carrier or the URA.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient was injured on xx/xx/xx when she was helping a customer out with her bags while there was a power outage. The patient reported she tripped and fell over a cart, landing awkwardly on her hands and knees. She was initially treated for left leg and knee pain, as well as right elbow and right upper thigh pain. An MRI of the right elbow performed on 12/31/08 showed lateral epicondylitis with Grade I strain involving the common extensor tendon origin with a small amount of joint effusion noted. An MRI of the left knee performed on 12/31/08 showed Grade IV cartilage changes of the medial and lateral patellar articular cartilage. In January of 2009 the patient complained primarily of left knee, left lower leg and right elbow pain. An FCE was performed which showed she was capable of performing at a light physical demand level. The claimant continued conservative therapy with physical therapy and modalities. In September of 2009, the patient complained of back and left shoulder pain and that the lower extremity pain had essentially improved. She did report paresthesias at times to her right upper extremity that were distributed in the thumb, index, and middle finger. On 09/18/09, the patient was placed at Maximum Medical Improvement (MMI) with a 0% whole person impairment rating. An EMG/NCV study of the upper extremities was performed on 02/11/10 which revealed bilateral carpal tunnel syndrome. The patient's medications included Zanaflex, Pravastatin Sodium, Fish Oil, Lisinopril, ProAir HFA, Protonix, Multivitamins, Lortab, Ultram ER and Chantix.

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

The established outpatient visit x 1 does not appear to be reasonable and necessary based upon the provided medical documentation. A review of the Official Disability Guidelines for reasonable and necessary medical visits would indicate that these visits "play a critical role in the proper diagnosis and return to function of an injured worker." They further indicate "the need for a clinical office visit with a health care provider is individualized based upon the review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment." Unfortunately, the provided medical documentation from the treating provider does not meet these criteria. There is no objective physical examination or medical imaging findings to correlate with the patient's complaints nor, in this format of electronic medical records, is there any appreciable difference between documentation for individual physician visit encounters. As such, based upon the provided documentation, the outpatient visit does not reach the level of medical necessity specified per the ODG and cannot be supported.

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

- ACOEM - AMERICAN 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)**
- AMA GUIDES 5<sup>TH</sup> EDITION**