

SENT VIA EMAIL OR FAX ON
Apr/20/2011

True Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Additional Chronic Pain Management 80 hours, 10 sessions

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

Board Certified PM&R /Pain Medicine

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

OD Guidelines

1. Cover sheet and working documents
2. Utilization review determination dated 02/03/11, 02/18/11
3. Reconsideration request dated 02/11/11
4. Comprehensive care plan dated 01/19/11
5. Preauthorization request dated 01/28/11, 12/28/10, 12/29/10, 02/09/09
6. Concurrent report dated 01/13/11
7. Mental health evaluation dated 12/16/10
8. Functional capacity evaluation dated 11/01/10
9. Designated doctor evaluation dated 04/20/10, 09/18/09
10. MRI right ankle dated 01/19/09
11. Operative report dated 11/04/09
12. Office visit note dated 12/29/09, 09/01/09, 05/26/09, 11/30/10, 10/06/09, 07/28/09, 06/30/09, 02/05/09
13. Group/individual therapy notes and relaxation therapy notes dated 01/18/11, 01/19/11, 01/21/11
14. Chronic pain management progress notes dated 01/18/11, 01/19/11
15. Precertification information sheet
16. Medical necessity letter dated 10/06/09
17. Initial foot and ankle consult dated 05/19/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is XX/XX/XXXX. On this date the patient was outside the passenger side of his van cleaning his windshield when he slipped off the side of the van because it was raining. He fell backwards and twisted his ankle joint. Treatment to date is noted to include x-rays, bracing, MRI, EMG/NCV, Cam walker, and physical therapy. Designated doctor evaluation dated 09/18/09 indicates that the patient has not reached MMI but is expected to on or about 01/19/10. The patient underwent right ankle arthroscopy with debridement, arthrotomy, anterior talofibular ligament repair and decompression on 11/04/09.

Designated doctor evaluation dated 04/20/10 indicates that the patient has not reached MMI but is expected to on or about 10/02/10. Functional capacity evaluation dated 11/01/10 indicates that the patient's required PDL is heavy and current PDL is light. Mental health evaluation dated 12/16/10 indicates that BDI is 23 and BAI is 12. Medications include Hydrocodone 7.5 mg and Ibuprofen 800 mg. The patient subsequently completed 10 sessions of CPMP. Follow up report dated 01/13/11 indicates that BDI increased to 25 and BAI to 14. The patient's PDL improved to medium.

Initial request for additional 10 days of CPMP was non-certified on 02/03/11 noting that the submitted records do not indicate that significant functional improvement has been obtained the initial program trial. There was only a one-point increase in GAF, and Beck scales increased. There is no indication of any significant functional improvement or the ability of the patient to decrease pain medications. The denial was upheld on appeal dated 02/18/11 noting that the records submitted failed to provide objective documentation regarding decrease in medication use, and there was a noted increase in BAI and BDI. Current pain levels were not well documented for review.

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

Based on the clinical information provided, the request for additional chronic pain management 80 hours, 10 sessions is not recommended as medically necessary, and the two previous denials are upheld. The patient has completed 10 sessions of chronic pain management program to date without significant functional improvement documented. There is no indication that the patient has been able to decrease medication usage, and the patient's Beck scales have actually increased. There is no documentation of improved VAS pain scales. Given the current clinical data, the request for additional chronic pain management 80 hours, 10 sessions is not indicated as medically necessary, and the two previous denials are upheld.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES