

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: July 29, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

97799 Chronic Pain Management Program x10 Sessions

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

MD, Board Certified 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG-TWC Treatment Guidelines

Utilization review determinations 06/01/11, 06/29/11

Letter 07/14/11

Request for 10 days of a chronic pain management program 05/26/11

Reconsideration request 06/22/11

Patient face sheet 03/22/11

PPE dated 06/20/11

Goals of treatment dated 05/12/11

Functional abilities evaluation dated 05/11/11

Assessment/evaluation dated 05/12/11

Initial behavioral medicine consultation dated 03/08/11

Operative report dated 10/05/10, 06/12/09, 10/02/09

Radiographic report dated 12/20/10, 05/13/09, 07/29/10, 02/14/11

Handwritten evaluation dated 01/13/11, 04/16/09, 04/30/09, 05/08/09, 02/08/11, 02/11/11

MRI left wrist dated 04/27/09, 05/21/09

Procedure report dated 05/21/09

Follow up note dated 01/03/11, 10/11/10, 10/18/10, 11/08/10, 11/01/10, 12/06/10, 12/20/10, 05/13/09, 05/18/09, 06/01/09, 06/18/09, 07/02/09, 07/16/09, 08/20/09, 09/24/09, 10/08/09, 10/22/09, 11/19/09, 12/10/09, 12/28/09, 01/14/10, 01/28/10, 04/22/10, 05/06/10, 05/20/10, 06/03/10, 06/16/10, 07/01/10, 07/15/10, 07/29/10, 08/12/10, 08/26/10, 09/20/10, 01/18/11, 01/31/11, 02/14/11, 02/28/11, 03/17/11, 03/31/11, 04/14/11, 04/28/11

Work hardening daily notes dated 05/02/11, 05/03/11, 05/04/11, 05/05/11, 05/06/11, 05/09/11, 05/10/11, 05/12/11, 05/13/11, 05/16/11, 05/17/11

History and physical dated 04/06/11

Assessment/evaluation for work hardening program dated 04/06/11

Medical Center handwritten notes
Psychological evaluation dated 02/11/10
Anesthesia record dated 10/02/09
Patient agreement instruction and delivery dated 09/11/09
Employer's first report of injury or illness
job offer dated 04/06/09, 04/09/10, 06/16/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. She was injured when a box of frozen bread fell off the top of a pallet and struck the patient's left hand. Treatment to date includes left wrist arthroscopy with exploration and repair of the scapholunate ligament on 06/12/09, excision of mass of the left wrist on 10/02/09, diagnostic testing, physical therapy, medication management, and total wrist arthrodesis on 10/05/2010. Initial behavioral medicine consultation dated 03/08/11 indicates that the patient is not currently taking any medications. BDI is 19 and BAI is 2. Diagnosis is pain disorder associated with both psychological and general medical condition. The patient subsequently completed 10 sessions of work hardening program. Reevaluation dated 05/17/11 indicates the patient's PDL remains sedentary. Assessment dated 05/12/11 indicates that current BDI is 31 and BAI is 7. Functional abilities evaluation dated 05/11/11 indicates that required PDL is medium and current PDL is sedentary. The first request for chronic pain management program x 10 sessions was non-certified on 06/01/11. The reviewer wrote that upon evaluation, she was able to lift zero pounds, her flexion was 0/80 and extension was 0/70. Submaximal effort and inconsistencies are noted. It is unclear how she would have a zero pound lift ability if she completed 10 sessions of work hardening. The denial was upheld on appeal dated 06/29/11. A review of records does not establish reasonable return to work goals and patient motivation for change as required by ODG. Additionally, there is no explanation given for zero progress in work hardening.

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

This patient has completed 10 sessions of a work hardening program with minimal progress noted. The patient reportedly has a zero pound lift ability, which is not explained given that she has completed 10 sessions of work hardening. The patient's PDL remained at sedentary despite the trial of work hardening. The Official Disability Guidelines note that chronic pain management programs should not be used as a stepping-stone after less intensive programs. There is nothing in the records that indicates this patient will improve significantly with another multidisciplinary rehabilitation program. The reviewer finds no medical necessity for 97799 Chronic Pain Management Program x10 Sessions.

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

- ACOEM-AMERICA 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)