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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management Program five times a week for two weeks, eight hours/day to the back and left knee 97799

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

PATIENT CLINICAL HISTORY SUMMARY

The patient is a xx year-old male. The patient was unloading materials and noted sudden onset of knee pain. MRI of the left knee dated 08/29/07 revealed joint effusion; intersubstance degeneration involving the posterior horn of the medial meniscus. MRI of the lumbar spine dated 08/29/07 revealed broad based disc herniation at L5-S1 which narrows the spinal canal by approximately 3 mm and leads to mild narrowing of the bilateral neural foramina. At L4-5 there are focal disc herniations, foraminal in location, which lead to mild narrowing of the bilateral neural foramina. At L3-4 there is a left foraminal disc herniation, which extends posteriorly 2 mm and leads to mild narrowing of the left neural foramina. It appears that the patient underwent left knee arthroscopy in September 2008. The patient completed 20 sessions of chronic pain management program in September and October 2009.

MRI of the left knee dated 02/26/10 revealed horizontal tear through the posterior horn and body of the medial meniscus. The patient subsequently underwent left knee arthroscopy with partial medial meniscectomy on 06/18/10 followed by a course of postoperative physical therapy.

Designated doctor evaluation performed on 07/01/10 indicates that the patient reached maximum medical improvement as of 08/27/09 with 5% whole person impairment. Conservative treatment completed to date is noted to include epidural steroid injections, physical therapy, diagnostic testing and medication management.

Psychological evaluation dated 10/13/10 indicates that medications include Tramadol, Vicoprofen, Gabapentin. BDI is 14 and BAI is 21. Diagnoses are chronic pain disorder and adjustment disorder with mixed anxiety and depressed mood. Physical performance evaluation dated 11/04/10 indicates that the patient demonstrated significant limitations in strength and AROM, which appear to be consistent and congruent with the level and extent

of injury.

The request for chronic pain management program 5 x wk x 2 wks was non-certified on 12/16/10 noting that the patient completed 20 sessions of CPMP in September and October 2009; however, in the interim the patient's left knee got worse again and he required another knee surgery. The patient has high pain scores, elevated fear avoidance, mild elevation in BAI and a sedentary PDL with a job that requires medium PDL. There are no progress summary reports provided to determine the patient's response and compliance to the CPMP. Guidelines do not support reenrollment in or repetition of the same rehabilitation program for the same condition or injury.

Appeal letter dated 12/17/10 indicates that although the patient underwent previous CPMP, he also underwent a subsequent surgery at the involved anatomic site. The non-certification was upheld on appeal on 12/30/10. Dr. notes that the patient has previously completed 20 sessions of CPMP, and although the patient may be eligible for additional chronic pain management, there is no objective documentation that adequate lower levels of postoperative care have been exhausted. There is no indication of the patient's compliance and response to previous CPMP.

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

The patient sustained injuries over x years ago. The Official Disability Guidelines do not recommend chronic pain management programs for patients whose date of injury is greater than 24 months old. The patient underwent previous chronic pain management program in September and October 2009; however, there is no comprehensive assessment of the patient's compliance or objective, functional response to the program. ODG does not support reenrollment in or repetition of the same or similar rehabilitation program. Based on the clinical information provided, Chronic Pain Management Program five times a week for two weeks, eight hours/day to the back and left knee 97799 is not found to be medically necessary. The two previous denials are upheld.

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)**