

US Resolutions Inc.

An Independent Review Organization
1115 Weeping Willow
Rockport, TX 78382
Phone: (512) 782-4560
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/17/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

24 hours of chronic pain management program

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

MD, Board Certified in Physical Medicine & 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 injured employee is a xx year-old male. The records indicate the injured employee fell and twisted his left knee while attempting to step out of a vehicle. The injured employee is status post left knee arthroscopy performed 01/20/10, which included ACL/PCL augmentation, partial lateral medial meniscectomy, synovectomy, arthroplasty and removal of adhesion on medial femoral condyle. The injured employee completed a course of post-operative physical therapy times 24 sessions. The injured employee also underwent 20 sessions of interdisciplinary chronic pain management completed in 10/10. The injured employee was noted to have benefitted from these sessions as evidenced by a reduced reliance on narcotic medications, decreased emotional symptoms, increased activity levels and increased functional capacity.

A request for chronic pain management after care once a month four hours per session for six months was reviewed by Dr. on 12/21/10. Dr. determined the request was non-certified for medical necessity. Dr. noted the injured employee complains of constant aching and throbbing pain in the left knee. Guidelines suggest total treatment duration should generally not exceed 20 full days or 160 hours of chronic pain management. The injured employee has completed 20 sessions of a full program of CPMP. Dr. noted that the documentation submitted for review did not clearly indicate that the injured employee would benefit significantly from additional chronic pain management and therefore the request for additional 24 hours of chronic pain management was non-certified. A reconsideration/appeal request was reviewed by Dr. on 12/24/10. Dr. determined that the request for 24 hours of chronic pain management program was not certified as medically necessary.

He noted the injured employee has completed 20 days of chronic pain management program, with narco use decreased from two a day to as needed, less than one a day. It is further noted that the injured employee has no job to return to. Pain levels were 7 before and are 7 now. BDI decreased from 10 to 2 and BAI from 25 to 19. Dr. did not see a clear cut medical reason for the request noting the injured employee has successfully completed chronic pain management program and the request was not certified.

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

Based on the clinical data provided, the request for 24 hours of chronic pain management program is not recommended as medically necessary. The injured employee sustained an injury to the left knee in 11/08, and underwent left knee arthroscopic surgery in 01/10. The injured employee successfully completed 20 sessions of chronic pain management program and was noted to have reduced reliance on narcotic medications and increased activity levels as well as increased functional capacity. Depression and anxiety scores were significantly reduced as well. Noting that the injured employee has no evidence of significant psychosocial issues with BDI score of 2 and BAI score of 19, additional chronic pain management times 24 hours is not supported as medically necessary. The goal of weaning the injured employee from narcotic medications does not require a multidisciplinary program with the level of intensity provided by CPMP. For all these reasons, the reviewer finds that the criteria in the Official Disability Guidelines & Treatment Guidelines has not been satisfied. The reviewer finds no medical necessity at this time for 24 hours of chronic pain management program. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be 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)