C-IRO Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION - AMENDED

DATE OF REVIEW: July/03/2011
DATE OF AMENDED REVIEW: July/06/2011

IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
10 additional sessions of CPMP for the ankle over 2 weeks including 97799

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Utilization review notification 05/11/11 regarding non-certification of request for 10 additional sessions of CPMP for the ankle over two weeks including 97799
Utilization review notification 06/03/11 regarding non-certification of appeal request for 10 additional sessions of CPMP for the ankle over two weeks including 97799
Chronic pain management request for 10 days of CPMP 05/09/11
Chronic pain management interdisciplinary plan and goals of treatment 05/04/11
Functional capacity evaluation 03/24/11
Assessment/evaluation for chronic pain management program 05/04/11
Initial behavioral medicine consultation 03/05/11
Initial consultation and follow up notes Dr. DPM 08/25/10 through 01/25/11
Operative report 05/12/10 removal of intermedullary pin from right fibula; right ankle arthrotomy with debridement and removal of hypertrophic bone
Behavioral medicine reevaluation 02/07/11
Pre-authorization determination 05/11/11 regarding request for 10 additional sessions of CPMP for the ankle over two weeks
Pre-authorization review 06/03/11 regarding request for 10 additional sessions of CPMP for the ankle over two weeks
Pre-authorization review 03/21/11 regarding request for psychological test times three hours

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a male whose date of injury is xx/xx/xx. Records indicate the injured employee was working as a and injured his ankles when he was coming out of a building when he stepped and fell on a patch of ice. The injured employee sustained a fracture to the right ankle, which required corrective surgery with hardware performed on 02/19/09. He subsequently underwent hardware removal on 05/12/10 with removal of intermedullary pins from the right fibula and right ankle arthrotomy with debridement and removal of hypertrophic

bone. Records indicate he participated in a work hardening program as well as 10 days of a chronic pain management program in 2009.

A request for 10 additional sessions of CPMP for the ankle including 97799 was reviewed on 05/11/11. The review noted that the records indicated the injured employee was capable of medium work, and does have a heavy job. He had functional capacity evaluation on 03/24/11. He was terminated from his job on xx/xx/xx. The injured employee reportedly responded to work hardening. He wants to return to the same or similar employment.

The reviewer noted that medical necessity was not established as the injured employee has been continuously disabled for greater than 24 months the outcomes for necessity of use should be clearly identified as there is conflicting evidence that chronic pain programs provide return to work beyond this period. It was further noted that the injured employee had completed 20 sessions of a work hardening program, physical therapy, and 10 days of a chronic pain management program.

An appeal request for 10 additional sessions of CPMP was reviewed on 06/03/11. Per the chronic pain management program request notes dated 05/09/11 the injured employee continues to have marked pain, unresolved functional limitations, difficulty with activities of daily living and unemployment. He reported chronic, persistent and intractable pain at 3-6/10 depending on level of activity. Prior conservative treatments have not been sufficient for decreasing pain and increasing functional levels. Medications were listed as Lidoderm patch and Cymbalta. Per psychological evaluation dated 03/05/11 the injured employee has mild depression, minimal anxiety and significant fear avoidance of work and significant fear avoidance of activity in general. Per functional capacity evaluation dated 03/28/11 the injured employee's current physical demand level is medium and required job demand level is heavy. The reviewer noted that the injured employee's date of injury was greater than 24 months. Previous treatment included 20 sessions of work hardening program, physical therapy and 10 days of a chronic pain management program. It was unclear whether additional CPMP was appropriate. It was noted that there was no evidence the injured employee had developed prescription pain medication tolerance, dependence or abuse without evidence of improvement in pain or function. It was noted that per ODG, at the conclusion and subsequently neither reenrollment and repetition of same or similar rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) is medically warranted for same condition or injury (with possible exceptions for medically necessary organized detox programs). It was deemed the clinical information submitted did not establish medical necessity for additional chronic pain management program in this patient.

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

The injured employee sustained an injury to right ankle on xx/xx/xx resulting in fracture requiring open reduction internal fixation. Subsequent removal of intermedullary pin was performed on 05/12/10. The records reflect that the injured employee previously participated in 20 sessions of work hardening as well as physical therapy. He also completed 10 sessions of chronic pain management program in 11/09. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. As noted on previous reviews, this is an injury that occurred over 24 months ago, and the injured employee has already completed extensive treatment including work hardening and chronic pain management program. There was no indication the injured employee had developed prescription pain medication tolerance, dependence, or abuse without evidence of improvement in pain or function. Based on the clinical information provided, medical necessity has not been established for 10 additional sessions for CPMP for the ankle over 2 weeks including 97799. 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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)