

SENT VIA EMAIL OR FAX ON
Jul/12/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 3 x wk x 3 wks Right, Left ankles 8 hours/day

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

Board Certified Orthopedic Surgeon (Joint)

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 05/27/11, 06/15/11
3. Mental health evaluation dated 05/19/11
4. Functional capacity evaluation dated 03/04/11, 05/12/11
5. Request for work hardening dated 04/15/11
6. Work conditioning weekly progress notes dated 04/01/11, 04/08/11, 04/22/11, 04/29/11, 05/06/11
7. Initial evaluation dated 10/29/10
8. Reevaluation dated 12/01/10, 01/03/11, 02/02/11
9. Operative report dated 10/20/10, 09/22/10, 09/07/10, 09/02/10, 08/24/10
10. Progress note dated 12/20/10, 01/14/11, 05/16/11, 10/27/10, 11/24/10, 12/20/10, 01/17/11, 03/02/11, 03/30/11, 04/27/11, 05/16/11, 06/15/11
11. Consultation dated 08/19/10
12. MRI lumbar spine dated 06/06/11
13. History and physical dated 09/11/10, 08/25/10

14. Discharge summary dated 08/19/10, 09/02/10
15. New patient evaluation dated 09/15/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell off of a roof, sustaining a right tibial fracture and left calcaneus fracture. Treatment to date includes external fixation of the right ankle, ORIF of the pilon fracture of the right distal tibia, ORIF left calcaneus, closed reduction of right ankle and removal of hardware. Functional capacity evaluation dated 03/04/11 indicates current PDL is sedentary light to medium heavy and required PDL is heavy. Follow up note dated 04/27/11 indicates that the patient has completed a work conditioning/hardening program. Functional capacity evaluation dated 05/12/11 indicates that the patient made minimal to moderate gains in overall function. PDL is light medium to heavy. Mental health evaluation dated 05/19/11 indicates that current medication is Vicodin. BDI is 16 and BAI is 22. Diagnosis is pain disorder and major depressive disorder, moderate.

Initial request for chronic pain management program was non-certified on 05/27/11 noting that no prior treatment notes were submitted for review. There are no prior diagnostic testing studies provided to rule out treatable pathology. The denial was upheld on appeal dated 06/15/11 noting no clear documentation of an absence of other options likely to result in significant clinical improvement.

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 chronic pain management 3 x wk x 3 wks right, left ankles 8 hours/day is not recommended as medically necessary, and the two previous denials are upheld. The patient recently completed a work conditioning/hardening program and was noted to make minimal to moderate gains in overall function. The Official Disability Guidelines do not recommend reenrollment in or repetition of the same or similar rehabilitation program. The patient made minimal progress in a recent multidisciplinary program, and there is no indication that the patient will improve significantly with a second multidisciplinary program. The patient has been diagnosed with major depressive disorder; however, there is no indication that he has been placed on antidepressant medication. As stated by the previous reviewers, there is no clear documentation of an absence of other options likely to result in significant clinical improvement.

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