

SENT VIA EMAIL OR FAX ON
Jun/08/2011

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain Management 5 sessions (5 X 1)

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

Licensed Psychologist

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 04/18/11, 05/09/11
3. Medical clearance dated 04/26/11
4. Psychological diagnostic interview dated 03/30/11, 04/26/11
5. Functional capacity evaluation dated 02/21/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell off a ladder approximately 12-14 feet causing injury to both knees. Diagnosis is listed as left patella fracture. Treatment to date includes diagnostic testing, PT x 16 and medication management. Functional capacity evaluation dated 02/21/11 indicates that current PDL is light-medium and required PDL is heavy. Psychological evaluation dated 03/30/11 indicates that medication is Motrin 800 mg prn. BDI is 15 and BAI is 11. Diagnosis is pain disorder associated with both psychological factors and a general medical condition.

Initial request for chronic pain management 5 sessions was non-certified on 04/18/11 noting there is no adequate and thorough multidisciplinary evaluation to determine the appropriateness of the request. There is no current physical examination that rules out conditions that require treatment prior to initiating the program. A peer review state that treatment could include injections with cortisone or possibly viscosupplementation. The denial was upheld on appeal dated 05/09/11 noting the psychological evaluation is inadequate as an evaluation for admission to a comprehensive pain rehabilitation program.

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 5 sessions (5 x 1) is not recommended as medically necessary, and the two previous denials are upheld. The submitted records fail to establish that the patient has exhausted lower levels of care and is an appropriate candidate for this tertiary level program. The patient is reported to have undergone 16 sessions of physical therapy. A peer review reportedly stated that treatment could include injections with cortisone or possibly viscosupplementation; however, there is no indication that these procedures were requested or performed. Given the current clinical data, the requested chronic pain management program is not indicated as medically necessary.

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)