



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 3-15-2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of chronic pain program 5 x Wk x 2 Wks (97799).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of chronic pain program 5 x Wk x 2 Wks (97799).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

Injured worker sustained a work related injury to the left lower extremity xx/xx/xxxx while employed. He was climbing down from a truck when he slipped and fell, sustaining a fracture of the left ankle. He was seen at a clinic out of state on the date of injury and was placed in a boot. Arrangements were made for follow-up by a surgeon in his home town. The injured worker saw Dr. on 8/6/20XX.

The injured worker went to surgery 8-11-XX for open reduction and internal fixation of the left ankle fracture, performed by Dr.. Follow up x-rays 8-24-XX showed anatomical reduction of the fracture with excellent position of the hardware. A short leg cast was applied and strict non weight bearing was advised.

On 9-28-XX Dr., removed the cast and documented left ankle dorsiflexion of 10 degrees, planter flexion down to about 30 degrees. According to Dr. the x-rays showed that the trimalleolar ankle fracture appeared to have healed. Dr. recommended therapy and weight bearing as tolerated. Therapy proceeded as planned.

On 11-9-XX Dr. noted 10 degrees of ankle dorsiflexion, about 40 degrees, plantar flexion. Inversion and eversion were only a third of normal. The patient walked with an antalgic limp. X-rays showed healing of the fracture and excellent position of the hardware. Dr. noted that progress was slower than expected, prescribed anti-inflammatory medication and continuation of therapy. A functional capacity evaluation 1/5/20XX documented significant functional limitations. Dr. documented slow progress, released the injured worker to work with restrictions, and recommended a work conditioning program. The work conditioning program was initially non-authorized.

On 3/1/20XX Dr. performed a designated doctor examination, finding the injured worker to be at MMI with zero percent impairment.

In March 20XX Dr. disagreed with the findings on the designated doctor examination. He commented on the persistent pain and recommended diagnostic arthroscopy to evaluate for cartilaginous injuries/posttraumatic arthritis, noting that the injured worker had responded well to intra-articular injection.

Arthroscopy and further surgery were non-authorized. The requested procedures were appealed and again non-authorized. The non-authorization was upheld in an IRO 06/08/20XX.

On 4/7/20XX a Functional Capacity Evaluation was done wherein the injured worker performed at a sedentary PDL. Submitted DWC Form-73, taking the injured worker off work. Dr. appealed the findings on the designated doctor examination and the non-authorization for the proposed surgical procedure.

The injured worker saw Dr. for pain management.

The injured worker completed 34 days of work conditioning in April and May 20XX. According to Dr. the injured worker reported pain levels at 8/XX to the lower extremity region with significantly decreased muscle strength to the lower extremities.

On 4-30-XX Dr. submitted a letter of clarification pertaining to the designated doctor examination, not changing his opinions.

On 5/19/20XX a pain management evaluation was performed by Clinic. Based upon the initial findings, the interviewer recommended six (6) session of individual psychotherapy to address high levels of stress and depressive symptoms to help patient increase management of his chronic pain.

On a Physical Performance 5-25-XX the injured worker informed at a PDL of Sedentary to Light. The injured worker walked with a cane.

On 6/2/20XX Dr. was awaiting IRO regarding approval for ankle arthroscopy. The injured worker remained on light duty. According to comments by Dr. on 6/17/20XX, the injured worker never had an MRI of the left ankle. This was affirmed by Dr., who noted that the IRO denied [the request for arthroscopy] "due to a negative MRI".

On 6/30/20XX the carrier gave notification of refusal to pay benefits for psychological issues and asserted that "the compensable injury is limited to a fracture of the left ankle only".

On the third of three approved visits, recommended a Chronic Pain Program: "He has a very strong desire to return to work and dreams of driving again and awakens with heightened anxiety and depression".

On 7/9/20XX the IRO denial of the requested arthroscopy/surgery was overturned. The reviewer affirmed that ODG Guidelines do not address diagnostic ankle arthroscopy per se, but ankle arthroscopy is indicated to address synovitis, loose bodies and osteochondral defects. The presence of hardware in the left ankle would preclude MRI testing. Based upon the fact that an injection into the ankle relieved the claimant's symptoms, which indicated the presence of an intra-articular abnormality, and it is widely known and accepted from an orthopedic standpoint that an articular cartilage injury can occur as a result of a displaced fracture, the request for left ankle diagnostic arthroscopy was recommended as medically necessary.

On 7/30/20XX Dr. performed extensive arthroscopic chondroplasty of the left talar dome. On the follow-up visit 8/4/20XX Dr. commented that the intraoperative findings included quite a bit of adhesions particularly around the anteromedial aspect of his ankle. In the location of the fracture, there were some adhesions originating from the fracture, extending out to the joint capsule and these were all debrided.

Therapy was initiated, including aquatic therapy and physical therapy sessions. A brace was prescribed. Dr. saw the injured worker for pain management 9/21/20XX through 1/24/20XX. On 1/24/20XX the injured worker reported intermittent pain, level 4-5/XX. Some adjustments had been made in the pain medications. GERD symptoms resolved. Pain medications were adjusted. Norco was tapered.

Dr. performed a designated doctor examination 9/28/20XX, finding the patient to be at MMI with 1% whole person impairment., with a diagnosis left ankle fracture and post traumatic arthrosis, left ankle.

On 10/20/20XX Dr. agreed with Dr. determination on the designated doctor examination. Dr. did not anticipate further functional improvement, hoped that the pain was going to better with time. He did think that there was a level of posttraumatic arthritis which would benefit from corticosteroid injections periodically, should he have flare-ups in his ankle pain. He released the injured worker to duty with restrictions.

A functional capacity evaluation 11/24/20XX documented functional impairment. A work hardening program was accomplished in December 20XX and January 20XX.

A chronic pain management program was requested 01/07/20XX stating that the limited amount of therapy was insufficient to meet the patient's needs, "although there have been some improvement of the reported pain level". On a peer review 2/10/20XX the reviewer stated that a pain management program would be redundant because the patient had participated in the work hardening in December 20XX and January 20XX.

On 02/17/20XX a request for reconsideration regarding the chronic pain management program was submitted by PhD, who cited ODG criteria that were met and also commented on the list of "negative predictors of success" that appears in the ODG guides. Regarding the higher prevalence of opioid use, Dr. stated that the patient is motivated to discontinue medications. The requested program was again non-authorized on 2/24/20XX.

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

DECISION

Based on the records submitted for review, the requested procedure is recommended at this time.

BASIS FOR THE DECISION

In January 20XX, the pain level had improved to level 5/XX in response to therapy, medications and/or time (approximately 5 months after the second operation), as documented on the work hardening progress notes January 6, 20XX and the handwritten note by Dr. dated January 24, 20XX. Norco was being tapered.

According to the ODG Integrated Treatment/Disability Duration Guidelines Pain (Chronic) (updated 03/03/XX) "It has been suggested that interdisciplinary/multidisciplinary care models for treatment of chronic pain may be the most effective way to treat this condition". Prior treatment notwithstanding, the patient meets the criteria for a chronic pain management program, particularly the criteria listed below.

In the Criteria for the general use of multidisciplinary pain management programs:

- (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement.
- (3)(a) A physical exam that rules out conditions that require treatment prior to initiating the program. All diagnostic procedures necessary to rule out treatable pathology, including imaging studies and invasive injections (used for diagnosis), should be completed prior to considering a patient a candidate for a program.
- (5) If there is indication that substance dependence may be a problem, there should be evidence that the program has the capability to address this type of pathology prior to approval.
- (13) A chronic pain program should not be considered a "stepping stone" after less intensive programs, but prior participation in a work conditioning or work hardening

program does not preclude an opportunity for entering a chronic pain program if otherwise indicated.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)