



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 11/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 80 hours of chronic pain management for the right knee.

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. The 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 80 hours of chronic pain management for the right knee.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed from First Level Review Protocol – 7/14/11; Denial Letter – 6/30/11; Request for Reconsideration – 7/6/11, Physical Therapy Evaluations – 4/20/11 & 6/21/11; and Consultation Report – 5/30/11.

Records reviewed from: Letter of Medical Necessity – 10/25/11, Daily Progress Notes – 5/16/11-6/21/11, Request for Reconsideration – 10/10/11, Pre-auth Request – 9/20/11; Diagnostic Health MRI Report – 12/6/10; Radiology Report – 11/3/10; Behavioral Evaluation Report – 9/8/11; and Functional Testing Work Capacity Eval report – 9/8/11.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this worker was injured while performing duties in his usual job. The injured worker reported tried to jump over an object while working. He slipped and fell landing on his right knee. He experienced pain in the knee rated 5/10. He also developed popping, clicking, grinding sensations and a tendency for the knee to "buckle."

X-rays of the right knee showed osteoarthritis, most severe in the femoral patellar joint. An MRI of the right knee performed on December 6, 2010 showed diffuse thickening and increased signal involving primarily the mid substance of the right anterior cruciate ligament suggesting a severe sprain or partial tear, severe arthrosis with cystic change involving the right femoropatellar joint, a small knee effusion, and minimal arthritic changes in the medial right knee joint compartment.

The first treatment record, dated April 20, 2011, is from This is termed a "Physical Therapy Evaluation." There was tenderness noted over the medial and lateral joint line of the right knee. Range of motion of the knee was 0° of extension to 100° of flexion. Strength in the right knee musculature was said to be 3/5.

The medical record contains notes from ten physical therapy sessions in the months of May and June.

On May 30, 2011, evaluated the injured worker. noted that range of motion of the knee was from -5° of extension to 90° of flexion. McMurray's sign was said to be strongly positive. reported that the MRI of the right knee was not available for his review, but he diagnosed a meniscal tear of the right knee and stated that he planned an arthroscopy and meniscectomy. There are no further records from but according to the records, the injured worker did not undergo the proposed surgery. diagnosis was not consistent with MRI findings, according to available medical records.

On June 27, 2011, a request for 12 additional physical therapy visits was presented. The request was denied.

On September 8, 2011, the injured worker underwent a behavioral evaluation by as well as a Functional Capacity Evaluation. The behavioral evaluation report indicated that the injured worker had pain varying on a Visual Analog Scale from 2 to 9 which was chronic in nature and significantly interfering in life activities. The injured worker had a Beck Depression Inventory score of 29 indicating moderate depression and a Beck Anxiety Inventory of 27 indicating moderate anxiety. The evaluation also revealed that the injured worker had multiple

psychosocial sequelae of his chronic pain including difficulty with concentration, irritability, easy fatigability, loss of pleasure, disrupted interpersonal relationships, and a sleep disturbance. The Functional Capacity Evaluation indicated that the injured worker had a good validity profile and was currently functioning at a light PDL. His job requires a heavy PDL.

On September 20, 2011, presented a pre-authorization request for a chronic pain management program. There are two requests for reconsideration for this chronic pain management program, dated October 10, 2011 and October 25, 2011.

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

This worker was injured while performing work related activities on or about xx/xx/xx. Records indicate that he sustained an injury to the right knee. He worked in a light duty capacity for about three months following the injury, but then was terminated from his job. He received at least ten physical therapy sessions as documented in the medical record. He has also received multiple medications including Tramadol and Cymbalta. No other medications are mentioned in the medical record. Surgery was at one point recommended for arthroscopy and meniscectomy although MRI findings were not consistent with a torn meniscus and the surgery was never performed.

During his physical therapy sessions, the injured worker showed some improvement in strength with strength recorded as 4-/5 on June 21, 2011. He actually lost some range of motion of the knee, however, during his physical therapy sessions. There was no indication that the injured worker noted improvement in pain due to the therapy provided.

A Behavioral Evaluation indicated that the injured worker has significant psychosocial sequelae due to his chronic pain. He also has not reached his pre-injury functional level and is now functioning at a light PDL whereas his job requires a heavy PDL.

This injured worker's history and his medical record indicate that he does meet ODG Treatment Guideline criteria for a chronic pain management program. He had a documented injury with pain which has lasted for 12 months and has prevented his returning to his prior occupation. He is currently dependent on the health care system for medications and his medications do not significantly affect his ability to function or his level of pain. His injury has limited his social activities and created moderate anxiety and depression as demonstrated by psychological testing. He is having difficulty with functional activities including personal grooming, household chores, and standing, sitting, and walking for prolonged distances. He has not been able to return to his pre-injury functional status. He has not developed adequate coping skills to deal with his chronic pain syndrome.

The injured worker has undergone a thorough evaluation including a medical evaluation, psychosocial evaluation, and functional capacity evaluation. Treatment plans and goals have been presented for the chronic pain management program. Records indicate that the injured worker is motivated to change and participate in this program and is willing to forgo secondary gains in order to participate in the program and accomplish the established goals. He understands that this is the final phase of his treatment program and that following this program he will undergo procedures which will transition him back to the workforce. The medical record confirms that this injured worker meets ODG Treatment Guideline criteria for 80 hours of chronic pain management for the right knee.

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)