

I-Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/16/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Chronic Pain management program for the right ankle 80 hours (10 sessions)

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

M.D., Board Certified Physical Medicine and Rehabilitation

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

Official Disability Guidelines

Utilization review determination dated 10/07/11, 09/23/11

Comprehensive care plan undated

Functional improvement measure dated 08/15/11

Request for reconsideration dated 10/10/11, 09/26/11

Reevaluation and psychological diagnostic interview dated 05/15/11

Team treatment plan dated 08/15/11

Vocational assessment note dated 01/27/11

Daily progress notes dated 02/15/11, 02/17/11, 02/21/11, 02/22/11

Therapy notes dated 02/15/11, 02/17/11, 02/21/11, 02/22/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. The patient was injured when he was stepping over metal when his foot slipped causing his left ankle to twist. Treatment to date includes MRI of the right ankle, physical therapy, foot/ankle surgery on 06/11/09, steroid injection and medication management. Psychological evaluation dated 08/15/11 indicates that BDI is 14 and BAI is 7. Current medication is Naprosyn. The patient is reported to have completed 4 out of 7 sessions of a chronic pain management program in February 2011. The patient then underwent ankle surgery on 03/25/11 followed by physical therapy. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. Functional improvement measure dated 08/15/11 indicates that the patient's current PDL is medium.

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

This patient has previously completed a partial chronic pain management program. The Official Disability Guidelines do not recommend reenrollment in or repetition of the same or similar rehabilitation program. The patient's date of injury is greater than 3 years old. The Official Disability Guidelines do not recommend chronic pain management programs for

patients whose date of injury is greater than 24 months old noting that there is conflicting evidence that chronic pain programs provide return to work beyond this period. The patient's only current medication is Naprosyn. The patient's Beck scales are minimal. Given the current clinical data, the reviewer finds no medical necessity for Chronic Pain management program for the right ankle 80 hours (10 sessions).

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)