

SENT VIA EMAIL OR FAX ON
Oct/13/2011

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Interdisciplinary Pain Management Program 5 wks x 2 wks 8 hours per day

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

PMR

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

Cover sheet and working documents

Utilization review determination dated 09/07/11, 09/22/11

Letter dated 09/23/11

Behavioral evaluation dated 06/29/11

Appeal letter dated 09/14/11

Follow up note dated 08/23/11, 07/26/11

Operative report dated 11/15/10

Functional capacity evaluation dated 07/20/11, 04/12/11

History and physical dated 11/15/10

Treatment summary dated 02/07/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xxxx. On this date the patient was on a ladder about nine feet up when he slipped and fell towards the right side. Diagnoses are listed as multiple contusions, right elbow epicondylitis, right hand sprain, right knee pain and right knee ACL tear. Treatment to date includes right knee arthroscopy with synovectomy, shaving of the lateral meniscus, lateral and medial femoral condyle, ACL repair with allograft on 11/15/10. Behavioral evaluation dated 06/29/11 indicates that BDI is 9 and BAI is 9. Functional capacity evaluation dated 07/20/11 indicates that current PDL is light-medium. The report states that the patient has completed 2 weeks of work conditioning. Follow up

note dated 07/26/11 indicates that the patient is attending a work hardening program.

Initial request for pain management program was non-certified on 09/07/11 noting that the patient has completed a work hardening program, and ODG notes that reenrollment in or repetition of a same or similar rehabilitation program to include both work hardening and a chronic pain management program is not medically warranted for the same condition or injury. The denial was upheld on appeal dated 09/22/11 noting that there is lack of evidence that the patient has excessive dependence on healthcare providers, spouse or family. There is lack of evidence of continued use of prescription pain medication without evidence of improvement in pain or function. There is lack of evidence that previous methods of treating chronic pain have been unsuccessful and there is absence of other options likely to result in significant clinical improvement, and there is lack of evidence of a physical examination that rules out conditions that require treatment prior to initiating the program. There is lack of evidence of psychological testing.

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 interdisciplinary pain management program 5 wks x 2 wks 8 hours per day 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. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient has reportedly completed both a work conditioning and work hardening program; however, there are no treatment records from these programs submitted for review. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. Given the current clinical data, the requested 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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES