



14785 Preston Road, Suite 550 | Dallas, Texas 75254  
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## Notice of Independent Review Decision

**DATE OF REVIEW: 9/11/2011**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

OUTPATIENT CHRONIC PAIN MANAGEMENT PROGRAM  
10 SESSIONS  
80 HOURS OVER 2 WEEK PERIOD  
RELATED TO THE LEFT KNEE AND LEFT SHIN

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

DO Board Certified in Anesthesiology and Pain Management.

**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)



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**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	8/22/2011
Notice Utilization Review Findings	7/26/2011-8/16/2011
Attorneys at Law IRO Request	8/19/2011
Clinic Appeal of PLN 11	4/11/2011
Functional Capacity Evaluation	4/20/2011
Texas Department of Insurance Commissioner Order	4/08/2011
Notice of Vocational Rehabilitation Services	2/03/2011
Rehab Functional Capacity Evaluation	3/01/2011
Medical Center Admission Registration Forms	12/22/2010-2/01/2011
Orthopedics & Sports Medicine Physical/ Occupational Therapy Referral	1/03/2011
M.D. Evaluation Note	1/03/2011

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Mr. is a male who was injured at work on xx/xx/xx. Mr. injured his left leg when a heavy piece of steel fell on his left leg. Patient was evaluated post injury and examination revealed a superficial abrasion along the tibial crest beginning several inches below the knee. There was no swelling, ecchymosis, erythema, or effusion noted. There was no tenderness to palpation of the bony landmarks surrounding soft tissue structures. Neurovascular status was intact. Motor strength was reported as normal in all muscle groups. X-ray performed on initial visit reported no fractures and demonstrated only mild soft tissue swelling. The patient was diagnosed with contusion to the lower leg. The recommendation made for oral analgesics, rest, icing, elevation, and follow-up appointment. Patient reported some improvement over the next month by reporting improved ambulation without any assistive device, and continued healing of the abrasion along the left anterior shin with some mild tenderness to palpation.



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Recommendations were made for physical therapy. Patient did undergo physical therapy and the patient did report that physical therapy made his pain worse. Patient had MRI performed (left knee and left tibia) MRI of left tibia showed a small 3 cm area of mild marrow edema and a lateral tibial plateau but otherwise unremarkable exam. The left knee MRI showed contusion at the lateral femoral condyle and lateral tibial plateau as well as anterior particular surfaces. There was no evidence of chondromalacia. A mild linear degenerative signal change was noted in the posterior horn of the medial meniscus without definite evidence of a tear. The patient continues to complain of pain in the left knee and left leg. Patient had a functional capacity evaluation on 3/1/11 which determined that the patient was performing at a light to medium physical demand and the recommendation for work hardening was made. EMG was completed on 4/13/11 with the result showing a lumbar radiculopathy showing the left L-5 nerve root. The patient has reported previous left leg surgery 8 years prior to his present injury. On psychological examination patient was found to have severe anxiety and depressive disorder.

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

The patient does not meet the following ODG criteria for a chronic pain management program.

1. Recent psychological and FCE results showed improving symptoms. Patient is off medication and the most recent FCE reflects progression in his physical capacities.
2. X-rays and MRIs of left knee and left tibia showed only contusions and mild edema and were otherwise unremarkable exams.
3. Although, the record reflects a left lumbar radiculopathy at L-5, which most probably contributes to increased pain in the left leg, unfortunately is not a part of the compensable injury at this time.
4. A validated psychological evaluation has not been administered.



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**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