

SENT VIA EMAIL OR FAX ON
Sep/02/2011

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/02/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Pain Management 5 X wk X 2 wks right knee

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)

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female whose date of injury is xx/xx/xxxx. Records indicate she was injured when a cart she was pushing rolled back and hit her right lower extremity. The injured employee is status post right knee arthroscopy on 09/23/10 with anterior and posterior cruciate ligament augmentation, partial medial and lateral meniscectomy, complete synovectomy, abrasion arthroplasty and instillation of platelet rich plasma and a-cell. The injured employee was seen on 05/10/11 with continued complaints of right knee pain. A chronic pain management program was recommended. Assessment/evaluation for chronic pain management program dated 05/18/11 reported Beck depression inventory score of 25 and Beck anxiety inventory score of 43. However, psychological testing results dated 06/07/11 reported BDI score of 19 and BAI score of 37. Functional capacity evaluation on 05/18/11 reported the injured employee's current physical demand level of sedentary and required physical demand level light medium.

A request for pain management five times a week for two weeks of right knee was reviewed on 06/30/11 and non-certified as medically necessary. The reviewer noted that the documentation submitted the injured employee complaining of ongoing right knee pain following a surgical intervention. Evidence based guidelines recommend chronic pain program provided the injured employee meets specific criteria. The documentation details the injured employee having undergone a battery of psychological evaluations during the functional capacity evaluation where she scored 32 on the BAI exam. Given the severe levels of anxiety it would be reasonable for the injured employee to have undergone psychological treatment prior chronic pain management program. There was no documentation submitted regarding the injured employee's previous involvement with psychological treatments. As such the request does not meet guidelines recommendations.

A reconsideration request dated 07/19/11 noted that the documentation submitted with the original request clearly stated "she has completed a total of 24 physical therapy sessions, individual psychotherapy and psychological testing." The injured employee was noted to have completed 18 individual psychotherapy sessions with mixed results and at this point it has become clear that mono modal therapy has reached a plateau and the injured employee was referred for a tertiary level of care because low level of treatment has been exhausted.

An appeal request for pain management five times a week times two weeks for the right knee was reviewed on 08/16/11 and the request was non-certified. It was noted that no additional clinical information was provided to overturn the recent denial for CPMP care. The denial was based on the fact that no recent evidence of psychological treatment was provided and all available lower levels of care rehabilitation options had not been exhausted. Documentation submitted suggested a right knee arthroscopy was requested on 08/12/11. It was not clear that all medical care has been exhausted.

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

Based on the clinical data submitted for review, medical necessity is established for an initial trial of pain management five times a week for two weeks to the right knee. The injured employee sustained an injury on xx/xx/xx and subsequently underwent right knee arthroscopic surgery on 09/23/10. She continued to complain of right knee pain despite treatment. The documentation indicates that the injured employee had participated in an extensive course of physical therapy. She also completed 18 sessions of individual psychotherapy with mixed results. It was noted that the monomodal therapy had reached a plateau and the injured employee was referred for tertiary level of care / chronic pain management program. There is no documentation indicating that the injured employee was being considered for further surgical intervention, and in fact it was noted that the injured employee was not considered to be a candidate for further surgery. As such, an initial trial of 10 visits of pain management program would be appropriate. The previous denials should be overturned on IRO.

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)