

Core 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 additional visits of chronic pain management program (97799) over 2 weeks 8 hours a day, left knee

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

MD, 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 06/27/11, 07/07/11
Letter dated 08/09/11
Medication contract
Operative report dated 05/10/10
PPE dated 02/17/11
Follow up note dated 10/23/09, 11/13/09, 01/15/10, 02/26/10, 06/11/10, 08/06/10, 12/03/10, 09/17/10
Psychological evaluation dated 01/27/11
Precertification request for CPMP dated 04/19/11
Request for an appeal dated 07/01/11
CPMP progress note dated 06/16/11, 06/09/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient stepped in a hole, fell forward and injured her left knee. Treatment to date includes Supartz injections, left total knee replacement on 05/10/10, x-rays, MRI, physical therapy, TENS unit and medication management. Most recently the patient has completed 10 sessions of chronic pain management program. Progress note dated 06/16/11 indicates that BDI increased from 19 to 22 and BAI from 10 to 20. GAF increased from 56 to 58. The patient's physical demand level is unchanged at medium. Knuckle to shoulder lift, carry and shoulder to overhead are unchanged. The patient's required PDL is reported to be light.

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

This patient has completed 10 sessions of chronic pain management program to date without significant improvement. BDI increased from 19 to 22 and BAI from 10 to 20. GAF increased from 56 to 58. The patient's physical demand level is unchanged at medium. Knuckle to shoulder lift, carry and shoulder to overhead are unchanged. The patient's required PDL is reported to be light. The Official Disability Guidelines state that treatment is not suggested for longer than 2 weeks without evidence of compliance and significant demonstrated efficacy as documented by subjective and objective gains. Given the patient's lack of significant progress in the program to date, the reviewer finds that this request for 10 additional visits of chronic pain management program (97799) over 2 weeks 8 hours a day, left knee is not medically necessary.

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)