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Notice of Independent Review Decision

Date notice sent to all parties: 07/26/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Eighty hours of chronic pain management program for the right knee

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

Board Certified in Anesthesiology

Fellowship Trained in Pain Management

Certificate of Added Qualifications in Pain Medicine

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Eighty hours of chronic pain management program for the right knee - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Prescriptions from M.D. dated 12/27/11

Reports dated 01/12/12, 01/26/12, 02/09/12, 03/12/12, 05/07/12, and 06/18/12

Right knee MRI and x-rays dated 01/18/12 and interpreted by M.D.

Requests for physical therapy from Dr. dated 01/26/12 and 03/27/12

Prescriptions dated 01/26/12, 04/05/12, and 07/03/12

Physical therapy evaluations dated 02/06/12 and 03/27/12 with P.T.

Operative report dated 02/23/12

A request for a pain program from Dr. dated 04/26/12

Position summary dated 05/02/12

Letter of Medical Necessity from Dr. dated 05/14/12

Requests for a 10 day functional restoration program dated 05/21/12 and 06/25/12

Psychosocial evaluations dated 05/21/12, 05/29/12, and 06/25/12 from LCSW

Physical Performance Evaluations (PPEs) dated 05/21/12 and 06/25/12

Notification of Determinations from Coventry dated 05/24/12 and 06/27/12

Appeal to IRO dated 07/06/12

The Official Disability Guidelines (ODG) used were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was allegedly injured on xx/xx/xx when she fell, hitting her knee on the floor. She was evaluated by Dr., an orthopedist, on 01/12/12 for complaints of right knee pain. Dr. ordered a right knee MRI on 01/18/12, which demonstrated a Grade II injury/partial tear of the right anterior cruciate ligament with relative laxity of the posterior cruciate ligament, as well as a tear along the free margin of the body of the medial meniscus. The lateral meniscus was normal. Dr. referred the patient for physical therapy, which began on 02/06/12 with a recommendation for four weeks of therapy at a frequency of three times per week. The physical therapist noted plans to reevaluate the patient in four weeks. However, 17 days later, Dr. performed right knee arthroscopic surgery to repair the medial meniscus, tighten the anterior cruciate ligament, and apply stem cells into the operative site. Dr. followed-up with the patient on 05/07/12. In that evaluation, Dr. stated the patient was undergoing physical therapy and complained of 3-4/10 level of right knee pain, relieved by prescribed medication. He also noted the patient's statement that her knee "discomfort has significantly decreased since the surgery." The physical exam documented minimal effusion and minimal tenderness over the right knee with no crepitation. There was still some weakness noted of the right quadriceps, biceps femoris and sartorius, as well as the gastrocnemius muscles with a strength rating of 4-/5. Dr. stated the patient required additional physical therapy. There was no mention made whatsoever of any psychological symptoms, distress, or complaints.

Two weeks later, the patient was evaluated at Health Services for a "psychosocial evaluation" performed by a clinical social worker. In that evaluation, the patient expressed feelings of "depression" due to persistent pain, stating her depression level was "seven" out of ten. The patient was taking Lunesta for sleep. Her Beck Depression Inventory score was 29 and her Beck Anxiety Inventory score was 30; both of these were said to be in the "elevated range." Ms. recommended that the patient attend the "interdisciplinary program".

On 05/24/12, an initial Physician Adviser Review recommended non-authorization of the requested 10 days (80 hours) of an "urgent" chronic pain program. The reviewer noted the lack of documentation of all other lower levels of care being attempted, as well as no documentation regarding whether the patient was a candidate for any further surgery.

On 06/25/12, Dr., the medical director of the chronic pain program, reassessed the patient and answered some of the physician advisor's criticisms. Dr. stated the patient was referred for physical therapy "two to three weeks post surgery" and had made "valuable progress." However, Dr. also stated that the patient's "pain, medication dependency, and the plethora of related problems" caused the patient to become depressed. He said the patient had "recently participated in individual psychotherapy with mixed results." No documentation, however, of any of that treatment was provided. The patient was taking Vicodin 5 mg. every four to six hours as needed, Valium 10 mg. three times daily for muscle spasm, and Lunesta at bedtime. No actual amount of Vicodin or Valium being

consumed was documented. The physical exam documented mild effusion of the right knee with tenderness over the medial and lateral patellar margins and moderate tenderness over the medial joint line and posterior insertion area. The Apley's compression test revealed "marked tenderness when the right meniscus is stressed." Dr. reiterated the recommendation for the patient to attend his functional restoration program.

A second Physical Advisor Review on 06/27/12 recommended non-authorization of the requested chronic pain management program. That reviewer cited insufficient documentation of exhaustive attempts to diagnose and/or treat the patient's pain with there being no evidence of a pain management consultation or pain management treatment. The reviewer also noted that there was no evidence of medical records regarding physical therapy, diagnostic studies, or individual psychotherapy.

On 07/06/12, Dr. wrote another letter of appeal, again stating that the patient had undergone six sessions of psychotherapy, which "did not significantly decrease the patient's physical pain and/or improve function nor decrease medication dependency." He also noted his opinion that the patient was not a candidate for any further surgery and that the patient was "suffering from a behavioral component." He also stated that since "this patient was provided with protein rich plasma with the use of stem cells during arthroscopic surgery" that this "would certainly contraindicate a procedure" such as more surgery. Dr. also argued against an MRI based on his expectation not "to find anything new with another diagnostic test." He stated he was again sending almost 89 pages of records to support his appeal, including physical therapy prescriptions, evaluations, reevaluations, and multiple medication prescriptions since the patient's surgery of 02/23/12. He further stated that the patient was "solely reliant upon pain medication for relief" and required weaning from the medication, although he did not state what medication or what amount he was referring to.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: According to the Official Disability Guidelines (ODG), a chronic pain management program is medically reasonable and necessary when all other appropriate medical evaluation and treatment have been exhausted. Clearly, that is not the case with this patient. Although Dr. may feel that a postoperative MRI of the right knee is not necessary, he cannot possibly know what the status of the right knee is without such a study nor what the status is of the surgical repair performed. Absent a postoperative imaging study of the right knee, there is absolutely no way that Dr., nor, for that matter, anyone else, can definitively determine whether the patient needs further medical treatment, including possibly more surgery. Additionally, although there is reference to the patient attending six sessions of individual psychotherapy, no records of such treatment have ever been provided for review by either of the two physician advisors nor this IRO reviewer.

Finally, although there is reference to the patient attending postoperative physical therapy sessions, there has similarly been no documentation of that physical therapy provided for review by either of the two physician advisors or this IRO

reviewer. Therefore, the patient is not an appropriate candidate for the requested 80 hours (10 days) of a chronic pain management program, as the patient has clearly not exhausted all appropriate medical evaluation and treatment. Moreover, although Dr. states that one of the goals of the chronic pain management program would be to wean the patient from medications, there is no documentation of how much Vicodin or Valium this patient is actually taking and, therefore, no indication of whether, in fact, a weaning program is even necessary, much less weaning within a chronic pain management program. Finally, when the patient was evaluated by Dr. 10 weeks post arthroscopic surgery there was absolutely no mention of the patient having any psychological distress or manifestation of psychological illness that would necessitate evaluation or attendance at a chronic pain management program. In fact, Dr.'s physical examination of 05/07/12 documented minimal to no abnormalities on physical exam of the right knee, and his recommendation was only for "additional PT." For all the above reasons, therefore, the patient is not an appropriate candidate for the requested 80 hours of a chronic pain management program for her right knee pain. The patient does not meet the ODG criteria for such a program. Therefore, the recommendations for non-authorization from the previous two physician advisors are upheld at this time.

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 (PROVIDE A DESCRIPTION)