

SENT VIA EMAIL OR FAX ON
Dec/30/2011

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/29/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 sessions of chronic pain management 5 X wk X 2 wks

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

PM&R and 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 10/14/11, 11/07/11

Letter dated 12/19/11, 09/08/10, 08/12/10, 10/20/11

Toxicology report dated 09/30/11

Functional capacity evaluation dated 01/19/11, 09/08/11

MRI right knee dated 08/02/10, 02/23/11

Operative report dated 08/25/10

Designated doctor evaluation dated 01/05/11

Handwritten note dated 06/02/11, 07/27/11, 07/28/11, 07/12/11, 08/17/11, 06/03/11, 08/19/10, 08/10/10, 08/06/10, 07/29/10, 07/21/10

Handwritten physical therapy initial evaluation dated 08/09/10

PT notes dated 09/07/10, 09/21/10, 09/22/10, 09/26/10, 09/30/10, 11/10/10

Psychological evaluation dated 09/22/11

Office visit note dated 09/30/11, 11/08/11

Medication contract dated 09/22/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient turned fast and his right knee popped. Treatment to date includes right knee arthroscopy with chondroplasty medial femoral condyle and synovectomy tricompartmental on 08/25/10, physical therapy, diagnostic testing, 3 injections and work hardening program. Designated doctor evaluation dated 01/05/11 indicates that the patient is 3 sessions away from completing work hardening and has not returned to work. Diagnoses are sprain/strain of the right knee; chondromalacia of the medial compartment of the right knee; and plica, right knee. The patient was determined to have reached MMI as of this date with 4% whole person impairment. Functional capacity evaluation dated 01/19/11 indicates that current PDL is light/medium and required PDL is very heavy. Functional capacity evaluation dated 09/08/11 indicates that current PDL is medium at the waist to shoulder and to the overhead level, but sub-sedentary from the floor to the waist level. Prognosis for the patient is poor at this time. Mental health evaluation dated 09/22/11 indicates that BDI is 16 (mild) and BAI is 4 (minimal). Diagnosis is chronic pain disorder associated with both psychological features and general medical condition. Current medication is Hydrocodone.

Initial request for chronic pain management program was non-certified on 10/14/11 noting that the claimant has minimal psychological barriers as documented during the mental health evaluation Beck Depression Inventory findings were suggestive of mild depression. Beck Anxiety Inventory was consistent with minimal anxiety. Additionally, the patient has already completed a course of work conditioning/work hardening. ODG states that a chronic pain management program should not be considered a stepping stone after less intensive programs. The denial was upheld on appeal dated 11/07/11 noting that the medical necessity for the request for 10 sessions of chronic pain management is not supported with the application of ODG Guidelines.

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 10 sessions of chronic pain management 5 x wk x 2 wks is not recommended as medically necessary, and the two previous denials are upheld. The patient has been determined to have reached maximum medical improvement by a designated doctor as of 01/05/11 with 4% whole person impairment. Despite completing a previous work hardening program, the patient was unable to reach his required physical demand level. The Official Disability Guidelines state that chronic pain management programs should not be considered a stepping stone after less intensive programs. Functional capacity evaluation dated 09/08/11 indicates that the prognosis for the patient is poor at this time. The submitted mental health evaluation dated 09/22/11 indicates that Beck scales are in the mild range.

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