



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 7/2/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of a chronic pain management program 5 x Wk x 2 Wks (80 units left knee).

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

The reviewer is a Medical Doctor who is board certified in 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a chronic pain management program 5 x Wk x 2 Wks (80 units left knee).

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records were received and reviewed from the following parties:
Healthcare and Healthtrust

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Healthcare:

Healthcare

- Denial Letters – 5/22/12 & 6/6/12
- Request for Reconsideration – 5/23/12
- Initial Interview – 4/18/12

Treatment Clinic

- FCEs – 3/8/12, 5/9/12
- Pre-authorization request – 3/19/12
- Initial Report – 10/12/11
- Subsequent Medical Reports WC – 1/18/12, 3/5/12, 4/25/12

X-ray

MRI Left Knee w/o Contrast – 11/18/11
Campus
Operative Report – 1/12/12
Records reviewed from:
Request for Independent Review – 6/25/12

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this male was injured on xx/xx/xx while working. He was removing items from a conveyor belt, positioned in a semi-squatting posture. He felt a “pop” in the left knee. He had persisting pain in the knee and was evaluated at where he was prescribed medications, a brace, and told to return to work with restriction.

On October 12, 2011, the injured worker began treatment with D.C. Dr. noted the reported injury. Examination at that time revealed decreased range of motion of the knee and weakness in the extremity. The working diagnosis was strain or sprain of the left knee. Physical therapy was planned. The injured worker received ten therapy sessions with only minimal improvement in symptoms.

On November 18, 2011, a MRI of the left knee was performed. This showed a tear of the posterior horn of the medial meniscus.

On January 12, 2012, Dr. performed a left knee arthroscopic debridement, synovectomy, chondroplasty, and partial medial and lateral meniscectomy. One week following the surgery, Dr. saw the patient and referred him back to Dr. for rehabilitation.

On March 5, 2012, Dr. reported that the injured worker had completed rehabilitation but was still complaining of weakness in the left lower extremity. Dr. prescribed Motrin and referred the injured worker back to Dr. for Functional Capacity Evaluation and possible work conditioning.

On March 8, 2012, the injured worker underwent a Functional Capacity Evaluation which showed that he was functioning at a sedentary to light PDL. The report from the Functional Capacity Evaluation included an Survey as well as a Pain Questionnaire. In the surveys, the injured worker reported that pain killers completely relieved his pain and that pain did not prevent sleep. He further stated in the Pain Questionnaire that there was no indication of depression or anxiety.

The injured worker underwent a work conditioning program for two weeks with “some improvement.” The records from that program are not available for review.

On March 18, 2012, the injured worker underwent an initial review for a chronic pain management program. During that evaluation, he did endorse psychological symptoms. His Beck Depression Inventory yielded a score of 8 and his Beck Anxiety Inventory yielded a score of 6.

On April 25, 2012, Dr. re-examined the injured worker and stated that "his condition improves with each passing month." He stated that the injured worker still had left knee pain and was doing rehabilitation with Dr.. His examination at that time revealed range of motion of 0° of extension to 140° of flexion. Dr. reported that there was no quadriceps weakness or atrophy. He noted mild tenderness anteriorly along the patellar tendon. Appley's and McMurray's tests were negative.

On May 9, 2012, a Functional Capacity Evaluation was performed. During the evaluation, the examiner reported that knee range of motion was from -3° extension to 99° of flexion. The evaluator stated that the injured worker did not meet critical physical demands for his previous position and stated that he was still functioning at a sedentary to light PDL in spite of the fact that he had undergone physical therapy and two weeks of work conditioning. The evaluator recommended a chronic pain management program stating "There is an apparent level of depression and anxiety present at this time." The injured worker responded to the question on the questionnaire that pain was bad but he managed without taking pain killers. He also stated that pain did not prevent walking. He stated that he could sit as long as he wanted to. He stated that he could stand as long as he wanted to, but that standing did produce some pain. The Pain Questionnaire answered by the injured worker stated that there was minimal depression and anxiety.

On May 22, 2012, M.D. issued a Letter of Denial stating that the injured worker did not have a favorable response to the work conditioning program which addressed functional problems which would also be addressed in the chronic pain management program. He further stated that chronic pain management was not necessary to address the psychological symptoms which appeared to be mild. There is a second Letter of Denial from Dr. dated June 6, 2012.

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

This worker had a documented injury to his left knee in a work related situation on xx/xx/xx. He had ten sessions of physical therapy which provided little relief. A MRI of the left knee showed a tear of the posterior horn of the medial meniscus and on January 12, 2012, the injured worker had an arthroscopic procedure on his left knee. He then had postoperative rehabilitation. A Functional Capacity Evaluation on March 8 stated that the injured worker did not meet job demands and work conditioning was recommended. The injured worker did have two

weeks of work conditioning with “some improvement.” On April 18, there was an initial interview for consideration of a chronic pain management program.

This worker had a poor response to initial treatment which included bracing, medications, and physical therapy. He underwent an arthroscopic procedure and postoperative rehabilitation in early 2012. He subsequently had a work conditioning program. On April 25, his treating physician indicated that his knee examination was essentially normal with range of motion of 0° to 140°, no evidence of effusion, and normal quad strength.

ODG Treatment Guidelines state that in order to enter a chronic pain management program, there should be an adequate and thorough multidisciplinary evaluation made. This criteria was not met due to the evaluation was either not thorough or was inaccurate. The injured worker underwent extensive rehabilitation both pre and post-surgery and also had two weeks of work conditioning. The work conditioning program, according to this record, did not increase the injured worker’s PDL and he remained at a sedentary to light PDL following the two weeks of work conditioning. This is definitely a negative predictor of success which has not been taken into account when the requestors for this chronic pain management program are requesting a program which would provide similar functional activities.

In terms of psychological issues, these are mild at most. The Beck Depression and Beck Anxiety Inventories show very minimal anxiety and depression. The injured worker, according to the request for reconsideration “responded well to individual therapy sessions decreasing their amount of symptoms of anxiety and depression.” It is unclear as to whether or not this worker is on a home exercise program. There are questions about whether or not he takes medications. He stated in his last Oswestry questionnaire that he managed his pain without taking medications although in another area of this record, it states that he was taking hydrocodone and Motrin.

This medical record does not meet ODG Treatment Guidelines for consideration of a chronic pain management program. The evaluation results in this record are inconsistent. The treating physician reports that the knee is essentially normal except for some anterior tenderness. In other areas, the record indicates that there is limited range of motion. The injured worker has had extensive therapy including two weeks of work conditioning which did not improve his PDL level. The ODG Guidelines allude to the fact that the injured worker should not be re-enrolled in repetition of the same or similar rehabilitation unless this is medically warranted. There is no information in the medical record that would suggest that an intensive chronic pain management program would be warranted in this case since the individual has already had work conditioning which did not improve his PDL. Also, the psychological issues alluded to in this record are mild at worst and do not rise to the level of requirement of an intensive chronic pain management program requested.

The way the patient manages his pain is unclear and there is conflicting information. The patient himself states that he manages his pain without medications and this would indicate that the level of pain is not high enough to require a comprehensive pain management program. Therefore, the requested treatment is not medically necessary.

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)**