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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/26/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

CPMP 5x/wk for 2 wks-80 hrs

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

M.D., Board Certified 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 health care service in dispute.

The reviewer finds that medical necessity does not exist for CPMP 5x/wk for 2 wks-80 hrs.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Post designated doctor's required medical examination dated 11/17/11

Physical performance evaluation dated 02/01/12

Preauthorization request dated 02/21/12

Updated psychological consultation dated 02/21/12

Notice of adverse determination dated 02/27/12

Handwritten notes Dr. dated 03/06/12

Preauthorization request for reconsideration for work hardening program dated 03/13/12

Notice of certification 03/16/12

Physical performance evaluation dated 04/03/12

Progress summary dated 04/04/12

Concurrent review request for work hardening program date d04/13/12

Physical performance evaluation dated 05/09/12

Request for services dated 05/10/12

Utilization review determination dated 05/15/12

Utilization review determination dated 06/01/12

Request for independent review dated 06/11/12

PATIENT CLINICAL HISTORY [SUMMARY]

The claimant is a female whose date of injury is xx/xx/xx. She was driving where large section of dashboard protruded out. She hit her left knee on dashboard trying to get out of seat on several occasions. She was treated with medications, knee bracing, physical therapy / home exercise program. She underwent left knee arthroscopy with partial meniscectomy, synovectomy, chondroplasty and open resection of left tibial ossicles. FCE on 02/01/12 indicated she had reached a plateau from previous physical therapy sessions and did not

meet her job demand levels. Psychological evaluation on 02/21/12 reported BDI II of 47 within severe range of assessment; BAI of 36 within severe range of assessment. The claimant was approved for work hardening program. Progress summary dated 04/04/12 indicated that the claimant had shown progress in decreasing levels of pain. The claimant reported physically she improved throughout work hardening program, but her overall fear of re-injury along with lack of solid coping skills was holding her back from successfully achieving level of performance needed for return to work.

Beck Depression Score decreased from 47 to 11, within mild range; and Beck Anxiety Score decreased from 36 to 6 within the low range. The claimant was authorized for 10 additional work hardening sessions. Physical performance evaluation on 05/09/12 noted the claimant was able to perform at medium physical demand level, which failed to meet minimal job requirements. On 05/10/12 the claimant was recommended for 10 sessions of behavioral chronic pain management program at which time Beck Depression Inventory-2 score was noted as 25. After completion of individual psychotherapy sessions she was again administered the test and scored 19. Beck Anxiety Inventory score was 22 within the moderate range of assessment. After completion of individual psychotherapy sessions she was again administered the test and scored an 18. On fear avoidance belief questionnaire (FABQ) the claimant scored 42 out of 42 on a work scale and 24 out of 24 on the activity scale.

A pre-authorization request for chronic pain management program times 10 sessions (five times a week time two weeks) was reviewed on 05/15/12 and denied after peer to peer between Dr. DC and Dr. MD. It was noted that per Official Disability Guidelines, upon completion of a rehabilitation program (e.g., work conditioning, work hardening, outpatient medical rehabilitation, or chronic pain/functional restoration program) neither reenrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.

A reconsideration request for CPMP five times a week for two weeks equals 80 hours was reviewed on 06/01/12 and adverse determination recommended following peer-to-peer discussion between Dr. and Dr.. It was noted that the BAI and BDI scores, which increased after she finished work hardening program were likely due to an unrelated triggering event. Medications should have been titrated to maximum benefit after BAI and BDI reached normal limits. Dr. noted on 03/13/12 that the claimant did not need a more comprehensive program than a work hardening program where BDI and BAI were in the severe range, so it is unlikely that she would need such a program when her scores were in the mild range. It was noted that the request was outside Official Disability Guidelines recommended was denied as the request was outside Official Disability Guidelines recommendations since the claimant has already undergone work hardening program after psychotherapy. As such the request remains denied.

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

The claimant has completed a work hardening program. She demonstrated significant improvement in depression and anxiety score following treatment. She demonstrated increased levels of depression and anxiety, although not nearly as elevated as prior to the work hardening program. As noted on previous reviews, the claimant has already completed a multidisciplinary work hardening program, and neither reenrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury as per the ODG. It is unclear why the patient was not returned to work upon completion of the program. The reviewer finds that medical necessity does not exist for CPMP 5x/wk for 2 wks-80 hrs. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)