

SENT VIA EMAIL OR FAX ON  
Mar/14/2012

## P-IRO Inc.

An Independent Review Organization  
1301 E. Debbie Ln. Ste. 102 #203  
Mansfield, TX 76063  
Phone: (817) 405-0878  
Fax: (214) 276-1787  
Email: resolutions.manager@p-iro.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/14/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

OP Left Lumbar Sympathetic Block

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

Anesthesiology

**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 03/01/12, 02/07/12  
Progress note dated 02/13/12  
History and physical dated 01/11/12  
Procedure report dated 09/28/11  
Designated doctor evaluation dated 12/28/11  
Handwritten MA/nurse notes dated 12/13/11, 09/23/11, 07/01/11, 06/24/11, 06/20/11, 06/13/11, 06/10/11, 06/07/11  
Medical assistant surgery checklist dated 09/20/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient stepped out of the cab, slipped off a step and hyperextended his left knee. The patient underwent left knee arthroscopic major synovectomy of the anteromedial tibiofemoral, posteromedial tibiofemoral, suprapatellar, infrapatellar, medial patellofemoral and lateral patellofemoral compartments and revision partial medial meniscectomy on 09/28/11. Designated doctor evaluation dated 12/28/11 indicates that the patient underwent left knee arthroscopy on 07/25/11; however, no operative report was submitted for review. The patient underwent postoperative physical therapy until 12/22/11. Diagnosis is left knee contusion with medial meniscus tear. The patient was determined not to have reached MMI noting that the patient needs to continue strengthening the left knee and focus primarily on regaining range of motion. Note dated 01/11/12 indicates that motor and sensory exams are intact in the lower extremities. Deep tendon reflexes are 2+ in the bilateral lower extremities. He has some pain with range of motion of the left knee. He had some hyperesthesia and mild allodynia with light touch over

the anterior aspect of the left knee. Progress note dated 02/13/12 indicates that the patient is having severe chronic pain in the left knee. Physical examination notes only that motor and sensory exams are intact in the lower extremities.

Initial request for left lumbar sympathetic block was non-certified on 02/07/12 noting that despite documentation of a diagnosis of CRPS of the left knee, there is no clear documentation of subjective/objective findings consistent with sympathetically mediated pain and the block used in addition to PT. The denial was upheld on appeal dated 03/01/12 noting that there is no clear documentation of a recent comprehensive clinical evaluation of the patient from the provider or treating physician that addresses the proposed left lumbar sympathetic block with normal sensorimotor findings in the lower extremities. There is no documentation provided with regard to the failure of the patient to respond to conservative measures such as evidence based exercise program, activity modification and medications prior to the proposed injection procedure. The patient underwent PT sessions; however, there were no updated therapy progress reports that objectively document the clinical and functional response of the patient from the completed sessions. The active treatment program in conjunction with the block was also not mentioned.

**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 OP left lumbar sympathetic block is not recommended as medically necessary, and the two previous denials are upheld. The patient is noted to be status post left knee surgery x 2; however, there is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. The submitted records fail to establish the presence of CRPS. There is no clear rationale provided to support the proposed sympathetic block. Given the current clinical data, the request is not indicated as medically necessary.

**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**