

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Nov/19/2012

**IRO CASE #:**

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

80 hours of chronic pain management

**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 there is not medical necessity for 80 hours of chronic pain management.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

MRI right knee dated 09/07/11

Clinical notes dated 09/20/11-03/21/12

Operative report dated 05/03/12

Handwritten SOAP note dated 06/01/12-09/28/12

Range of motion and manual muscle testing dated 07/10/12

Request for preauthorization for physical therapy dated 07/16/12

Physical therapy notes dated 07/20/12-08/03/12

Report of medical evaluation dated 08/25/12

Functional capacity evaluation dated 09/04/12

Behavioral health evaluation 09/05/12

Request for preauthorization for chronic pain management dated 09/05/12

Medication titration plan dated 09/07/12

Utilization review determination dated 09/18/12

Reconsideration request dated 09/21/12

Utilization review determination dated 09/27/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx. She hit the lateral side of her knee causing her to twist the knee. Note dated 03/21/12 states that steroid injection, physical therapy and NSAIDs have not alleviated her symptoms. The patient had right knee partial medial and lateral meniscectomy on 05/03/12 followed by postoperative physical therapy. Designated doctor evaluation dated 08/25/12 indicates that the patient reached MMI as of this date with 4% whole person impairment. Functional capacity evaluation dated 09/04/12 indicates that current PDL is sedentary and required PDL is heavy. Behavioral health

evaluation dated 09/05/12 indicates that current medications are Norco, Ambien, Elavil, and Naproxen. She has a history of episodes of depression throughout her life. BDI is 15 and BAI is 13.

A request for 80 hours of chronic pain management was denied on 09/18/12 noting that the patient has minimal pain (2/10) and mild psych values. The patient has been under the care of the requesting facility for at least 4 months. Thus, if there is any dependence on health care providers, it is the requesting facility that she is dependent on.

The patient has undergone a rehab program at the requesting facility but is only functioning at a sedentary PDL. It is not expected that the same facility will do better with a CPMP. The denial was upheld on appeal dated 09/27/12 noting that it is not clear why the patient needs additional exercise and physical therapy modalities from the same facility that provided her 21 postoperative physical therapy sessions. It would be appropriate to expect that the patient is well versed in home exercises and stretches to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. It is not clear why a multidisciplinary approach is needed for titrating the patient's medications versus accomplishing this through her prescribing physician. The patient does not have any psychological diagnosis, per psychological evaluation. Without a psychological component, a multidisciplinary chronic pain management program is not medically necessary.

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

The patient underwent right knee partial medial and lateral meniscectomy on 05/03/12 followed by extensive postoperative physical therapy at the same facility where chronic pain management program is being requested. However, the patient's current physical demand level is only sedentary. There is no clear rationale provided as to how this facility will provide significant benefit when the patient is only capable of sedentary PDL after completion of extensive physical therapy at this same facility. Additionally, per the submitted behavioral health evaluation, the patient does not present with a significant psychosocial component, and therefore a multidisciplinary chronic pain management program is not appropriate for this patient. The reviewer finds there is not medical necessity for 80 hours of chronic pain management.

**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)