IMedReviews
14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

DATE OF REVIEW: 12/24/2012

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

10 additional sessions 80 hours of chronic management program for the right knee.

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

D.O. Board Certified in Anesthesiology and Pain Management.

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

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	12/05/2012
Insurance Utilization Review Determination Letters	11/13/2012-11/27-29/2012
Injury 1 Preauthorization Requests Reconsideration Request Reassessment of Pain Management Program	11/02/2012-11/26/2012 11/26/2012

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D.C. Office Visit Notes	10/31/2012
Diagnostic Testing Center Performance Evaluations	9/17/2012-10/31/2012

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who was injured while working for on xx/xx/xx. Patient was pulling a heavy ladder out of a truck and it hit the anterior aspect of his right knee. Patient sought medical treatment the next day after his injury. He was seen by Dr. and was referred for an MRI that showed linear intrasubstance signal involving the posterior horn of the medial meniscus which was consistent with a tear, also there was an increased signal seen along the free margin of the posterior horn of the mid medial consistent with a free marginal tear. Patient underwent an off thoracentesis injection of betamethasone and dexamethasone. He subsequently underwent arthroscopic surgery to repair the torn meniscus and had 12 sessions of post-operative rehab, completed a work hardening program, 6 sessions of individual psychotherapy, and has undergone psychological testing. Patient continues to report marked pain and unresolved functional problems. Patient's medications include Ibuprofen 600mg tid- prn, 30 days. His treating doctor is recommending 10 additional sessions of chronic management program (80 hours), in addition to the completed 160 hours of chronic pain program.

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

Per ODG references, the requested 10 additional sessions (80 hours) of chronic management program for the right knee is not medically necessary. Patient did not show adequate improvement on the charts provided, despite already completing 160 hours, which is the maximum as per ODG references.

At this time, and after reviewing the documentation, an additional 80 hours of chronic pain management program 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 KNOWLEDGE BASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

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- ☐ 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