



# MedHealth Review, Inc.

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## Notice of Independent Review Decision

**DATE NOTICE SENT TO ALL PARTIES:** 12/26/12

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of 80 hours in a CPMP for the right 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 Psychiatry. The reviewer has been practicing for greater than 10 years.

### **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 80 hours in a CPMP for the right knee.

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

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed 12/7/12 letter, 11/15/12 denial letter, 11/27/12 appeal receipt letter, 11/30/12 denial letter, 11/15/12 report, and 11/29/12 report.

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

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves a male who sustained a right knee injury on xx/xx/xx while at work when he was stuck with a hook in his Right lower extremity. He was treated with surgery – Total Replacement of knee on 12/31/2009, physical rehabilitation, post-operative knee manipulation on 03/22/2012, and 20 sessions of CPMP – 8 hours/day [ Total of 160 hours completed].

His current diagnosis is Sprain of Unspecified site – Right knee and leg. After completion of above mentioned surgery and CPMP, Mr. Buendia remained disabled for last three years (8/29/2009 thru 11/29/2012); as reported on 11/29/2012 he has had no change in his pain perception, remains depressed, anxious, irritable and has poor frustration tolerance. Also noted was that his sleep has improved by 29% and Muscle tension by 20% while his Beck Inventory score has worsened. Under these circumstances is requesting another 80 hours of CPMP as of 11/29/2012.

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

Based on the above the reviewer believes that the patient's lack of satisfactory emotional recovery may be result of not applying Bio-Psych-Social-Spiritual module for his perceived emotional distress and pain. An additional 80 hours of CPMP sessions may not add to his recovery process. The requested procedures are not medically necessary at this time. Therefore, the procedures are denied based upon the ODG.

Criteria Used for this Adverse determination: The ODG – Texas; Criteria for the general use of multidisciplinary pain management programs:

Outpatient pain rehabilitation programs may be considered medically necessary in the following circumstances:

- (1) The patient has a chronic pain syndrome, with evidence of loss of function that persists beyond three months and has evidence of three or more of the following:
  - (a) Excessive dependence on health-care providers, spouse, or family;
  - (b) Secondary physical deconditioning due to disuse and/or fear-avoidance of physical activity due to pain;
  - (c) Withdrawal from social activities or normal contact with others, including work, recreation, or other social contacts;
  - (d) Failure to restore pre-injury function after a period of disability such that the physical capacity is insufficient to pursue work, family, or recreational needs;
  - (e) Development of psychosocial sequel that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention);
  - (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component;

- (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function.

Post-treatment medication management is particularly important. Patients that have been identified as having substance abuse issues generally require some sort of continued addiction follow-up to avoid relapse.

**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)