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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/18/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Pain Management 5 X wk X 2 wks right ankle 80 hours total

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

PM&R
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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 06/27/13, 06/03/13
Request for functional restoration program dated 05/29/13
Reconsideration dated 06/07/13
Functional capacity evaluation dated 05/14/13
Handwritten note dated 05/15/13, 04/04/13, 03/21/13, 01/24/13, 12/27/12
Plan and goals of treatment dated 05/23/13
Behavioral medicine consultation update dated 05/23/13
Letter dated 06/24/13
Behavioral medicine intake update dated 05/17/12
Visit note dated 04/10/13, 03/13/13, 12/17/12
PPE dated 04/03/13
Impairment rating dated 08/01/12
Weekly therapy progress notes dated 01/14/13-01/18/13

MRI left ankle dated 08/23/11
Operative report dated 10/12/11

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient slipped and fell off a ladder, injuring his left foot. The patient underwent tenolysis of peroneus longus and brevis tendon with tenosynovectomy of the lateral left ankle on 10/12/11. Behavioral medicine intake update dated 05/17/12 indicates that the patient has completed 16 postoperative physical therapy visits. He has also participated in 4 individual psychotherapy sessions, 10 days of work hardening and 10 days of a chronic pain management program. Diagnosis is pain disorder associated with both psychological factors and a general medical condition. Impairment rating dated 08/01/12 indicates that the patient has reached maximum medical improvement as of 07/18/12 with 3% whole person impairment. PPE dated 04/03/13 indicates that he can only lift up to 35 lbs occasionally and 25 lbs frequently. Functional capacity evaluation dated 05/14/13 indicates that required PDL is heavy and current PDL is light to medium. Behavioral medicine consultation update dated 05/23/13 indicates that current medications are Celebrex and Tramadol. BDI is 8 and BAI is 4. Diagnoses are major depressive disorder, single episode, severe without psychotic features; and pain disorder associated with both psychological factors and a general medical condition, chronic.

Initial request for pain management x 80 hours was non-certified on 06/03/13 noting that the patient underwent a previous chronic pain management program, but it was for the other foot. The surgeon has recommended an additional surgery. The patient has not benefitted significantly with physical therapy x 25 provided to date. Given that the patient has not improved significantly with treatment completed to date and the fact that he may be a surgical candidate, the requested chronic pain management program is non-certified.

Reconsideration dated 06/07/13 indicates that his surgeon did not recommend surgery in his last visit on 04/29/13, but he recommended that he continue using his orthopedic inserts and to continue therapy. He has completed 34 postoperative physical therapy visits. He no longer has his job to return to. The denial was upheld on appeal dated 06/27/13 noting that as the patient is noted to have treated with a previous chronic pain management program in 08/2011 and 09/2011, to have completed 34 sessions of postoperative physical therapy without improvement and a work conditioning program in 05/2012 and 06/2012, and there is no documentation of improvement after completion of these programs, the need for an additional chronic pain management program is not established and does not meet guideline recommendations.

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

The patient has undergone extensive treatment in the past to include a chronic pain management program, work hardening program and 34 postoperative physical therapy visits without significant documented improvement. The Official Disability Guidelines do not support reenrollment in or repetition of the same or similar rehabilitation program. The patient presents with minimal anxiety and depression as evidenced by his Beck scales. Additionally, the Official Disability Guidelines generally do not support chronic pain management programs for patients who have been continuously disabled for greater than 24 months as there is conflicting evidence that these programs provide return to work beyond this period. As such, it is the opinion of the reviewer that the request for pain management 5 x wk x 2 wks right ankle 80 hours total is not recommended as medically necessary.

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)