

# Applied Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Sep/25/2013

**IRO CASE #:**

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

80 hours of pain management

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

Board Certified PM&R  
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.**

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

ODG - Official Disability Guidelines & Treatment Guidelines  
Board Certified PM&R  
Board Certified Pain Medicine

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who reported an injury regarding her right knee when she fell with her body twisted. The MRI of the right knee dated 09/30/09 revealed tricompartmental osteoarthritis with high grade patella femoral and medial femoral tibial compartment chondrolysis. The clinical note dated 01/17/13 mentions the patient exhibiting less than favorable conditions at that time. The patient reported a tremendous amount of difficulty with her activities of daily living secondary to the pain and difficulty utilizing a walking cane during ambulation. The patient rated her pain as 8/10 despite the use of Cymbalta and Lidoderm patches. The patient was able to demonstrate -10 to 92 degrees of range of motion at the right knee. The patient also demonstrated 4/5 strength throughout the right lower extremity. The patient was noted to have a slow and guarded gait favoring the right lower extremity. The clinical note dated 02/20/13 mentions the patient's continued range of motion deficits to include 75 degrees of flexion. The clinical note dated 04/03/13 mentions the patient continuing with difficulty with ambulation. Functional deficits continued at the right knee along with a decrease in sensory noted at the right knee as well. The patient was noted to continue with the use of a walking cane. The clinical note dated 05/08/13 revealed the patient having completed land based physical therapy that was noted to have helped tremendously. Upon

exam, tenderness was noted at the right knee joint upon palpation. The patient continued with a slow guarded gait. The functional capacity evaluation dated 06/11/13 revealed the patient able to perform a sedentary physical demand level whereas her chosen profession requires a medium physical demand level. The clinical note dated 07/16/13 revealed the patient able to demonstrate 105 degrees of flexion at the right knee. Tenderness continued at the medial and lateral aspects of the joint. The behavioral health assessment dated 07/26/13 mentions the patient having undergone a battery of psychological evaluations to include a BAI which revealed a score of 12 indicating mild anxiety. The note confirms the patient's date of injury to be xx/xx/xx. The clinical note dated 08/14/13 mentions the patient having undergone an aquatic therapy program from 05/14/13 – 06/06/13 with an overall improvement in her muscle strength, endurance, and range of motion. However, the patient continued to complain of a sharp tenderness and stiffness, particularly with weight bearing and ambulation. The letter of appeal dated 08/21/13 indicates the patient demonstrating a strong possibility that she has seriously contemplated suicide.

The utilization review dated 08/07/13 resulted in a denial secondary to the patient not meeting the necessary criteria in terms of a behavioral and psychometric perspective and additional issues were not ruled out indicating chronic pain problems.

The utilization review dated 09/06/13 resulted in a denial as the patient was noted to have a prolonged history of chronic pain of greater than xx years. Additionally, it was unclear at that time regarding the patient's motivation to discontinue her medication regimen. Additionally, there was evidence of the patient's symptom suppression during the MMPI-2 exam.

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

The documentation submitted for review elaborates the patient having an extensively long history of right knee pain. Inclusion into a multi-disciplinary pain management would be indicated provided the patient meets specific criteria to include significant findings noted on the behavioral assessment; documentation that the patient has a motivation to change, the patient is noted to have a willingness to change the medication regimen and the patient has not been continuously disabled for greater than 24 months. The patient's date of injury is noted to be in xxxx. Additionally, no information was submitted confirming the patients' motivation to change the medication regimen. Furthermore, there is mention in the most recent letter of appeal that the patient may be suicidal. It is unclear how a multi-disciplinary program will benefit this patient given the time frame involved and the current clinical status involving suicide ideation. As such, it is the opinion of this reviewer that the request for 80 hours of pain management is recommended as not medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**