

# **MATUTECH, INC.**

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**DATE OF REVIEW:** MAY 23, 2007

**IRO CASE #:**

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

Chronic pain management program, 5 x 4 weeks, total of 20 sessions. March 29, 2007, through April 11, 2007.

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

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years.

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Partially Overturned (Agree in part/Disagree in part)

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

Utilization review (03/29/07 - 04/11/07)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who was trying to retrieve a misfed board and caught his left thumb between a log chain and a guide rail causing amputation of his thumb.

On March 29, 2007, Ph.D., reviewed the request for 20 sessions of chronic pain management program (CPMP). He noted the following treatment history: *After the injury, the patient underwent a left thumb custom free tissue transfer of the second right toe to the left thumb position. He also underwent a left shoulder arthroscopy. Other treatments included magnetic resonance imaging (MRI), electromyography/nerve conduction velocity (EMG/NCV) studies, pre and postoperative physical therapy (PT), injections, work hardening program (WHP), removal tension band wiring, neurolysis release, transposition hand, and neurolysis/release flaps to be done as an outpatient. Ongoing medications were Darvocet N, Lortab, Lexapro, Elavil, Celebrex, and Neurontin.* The diagnoses

were traumatic amputation of thumb and unspecified derangement of joint. The patient also suffered from posttraumatic stress disorder (PTSD). Dr. denied the request for CPMP. The rationale was: *There was nothing in the treatment plan that addressed the specific treatments appropriate for that disorder. Moreover, the patient had not had lower levels of psychological care that would address his psychological disorder. While there are benchmark measures of physical improvement to be made during the CPMP, there are no benchmarks for psychological goals other than improvement in sleep. This would not allow for evaluation of functional improvement which is the hallmark of CPMP. Thus the request could not be certified as medically necessary.*

On April 11, 2007, M.D., denied the requested CPMP. The disputed diagnoses were type II acromion of the left shoulder, right shoulder, and cervical degenerative changes. The rationale for denial was: *The patient was reported to have chronic pain. It was not clear what the etiology of the pain was or even what pain was associated with what body part or what attempts at conservative management had been made to date and what was the response. There was no documentation of the adjustment of the medications related to pain or of the response to the therapy. The patient was reported to be depressed and there was no documentation of failed conservative attempts at management including medication adjustments. There was a treatment plan but there were no specific goals. Without further clinical documentation, the medical necessity for the requested CPMP could not be established.*

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

BASED ON THE DIAGNOSES AND THE CURRENT MEDICATIONS NECESSARY TO TREAT THE PAIN CPMP IS REASONABLE AND SUPPORTED BY MULTIPLE STUDIES AS NOTED IN ODG. HOWEVER, AUTHORIZING TWENTY INITIALLY IS NOT REASONABLE OR RECOMMENDED AND TEN WOULD BE APPROPRIATE. A RE-EVALUATION SHOULD BE PERFORMED AND IF THERE IS SIGNIFICANT OBJECTIVE IMPROVEMENT NOTED THEN AN ADDITIONAL TEN COULD BE CONSIDERED.

IN CONCLUSION, THIS TREATMENT IS MODIFIED TO APPROVE TEN SESSIONS OF CPMP.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**