

MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP () IE () IC	Response Timely Filed? () Yes (X) No
Requestor's Name and Address Texas Health PO Box 600324 Dallas TX 75360-0324	MDR Tracking No.: M5-05-1863-01
	TWCC No.:
	Injured Employee's Name:
Respondent's Name and Address Rep Box # 27 Hartford Ins Co of the Midwest	Date of Injury:
	Employer's Name:
	Insurance Carrier's No.:

PART II: SUMMARY OF DISPUTE AND FINDINGS

Dates of Service		CPT Code(s) or Description	Did Requestor Prevail?
From	To		
5-5-04	5-5-04	90801	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

PART III: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code and Commission Rule 133.308 (relating to Medical Dispute Resolution by Independent Review Organization), the Medical Review Division assigned an Independent Review Organization (IRO) to conduct a review of the medical necessity issues between the requestor and respondent.

The Division has reviewed the enclosed IRO decision and determined that the requestor **prevailed** on the disputed medical necessity issues.

PART IV: COMMISSION DECISION AND ORDER

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to a refund of the paid IRO fee in the amount of \$650.00. The Division hereby **ORDERS** the insurance carrier to remit this amount and $\$154.72 \times 125\% = \193.40 for the services in dispute consistent with the applicable fee guidelines, plus all accrued interest due at the time of payment, to the Requestor within 20 days of receipt of this Order.

Ordered by:

Authorized Signature

7/18/05

Date of Order

PART V: INSURANCE CARRIER DELIVERY CERTIFICATION

I hereby verify that I received a copy of this Decision in the Austin Representative's box.

Signature of Insurance Carrier: _____ Date: _____

PART VI: YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and the TWCC Chief Clerk of Proceedings/Appeals Clerk must receive it within 20 days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representative's box on _____. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

**IRO Medical Dispute Resolution M5 Retrospective Medical Necessity
IRO Decision Notification Letter**

Date:	07/14/2005
Injured Employee:	
MDR #:	M5-05-1863-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

CPT codes 90801 Psy dx interview. Date of Service: 05/05/2004

DECISION: Reversed

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M5 Retrospective Medical Dispute Resolution on 07/14/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of CPT 90801 is reversed.

CLINICAL HISTORY:

The injured individual is a fifty year-old woman who sustained a work-related injury on _____. She is reported to have suffered from a work-related carpal tunnel syndrome secondary to constant typing. At that time she noted that her hand began to swell and she experienced a gradually onset of numbness and tingling in her right hand.

The injured individual saw Thomas Diliberti, M.D. for treatment of swelling of her right wrist on 01/10/2003. She stated that she noticed the swelling while performing her duties at work. She was treated with a splint and anti-inflammatory medications. She also reported an episode of numbness in the middle finger. She was diagnosed with a right wrist dorsal ganglion. Her work status was full and unrestricted. The ganglion continued to bother her and she returned to see Dr. Diliberti on 03/06/2003. She was treated with a right dorsal wrist ganglion aspiration/injection. She had a follow-up appointment on 03/10/2003 and the cyst had decreased in size.

The injured individual continued to complain of pain in her right wrist. She saw Dr. Diliberti on 04/17/2003. She was diagnosed with right wrist pain with probable impingement of posterior interosseous nerve. It was recommended that she undergo a ganglion cyst excision resection.

The claimant underwent an excision of the right dorsal wrist ganglion with posterior interosseous nerve denervation, extensor tenosynovectomy on 05/07/2003. Dr. Diliberti had her began ROM exercises on 05/21/2003. Dr. Diliberti released her to an occupational hand therapy on 06/12/2003.

The injured individual underwent a physical therapy evaluation with Mary Ann Appleby on 06/19/2003. She reported significant pain, anxiety and severely limited wrist flexion. It was recommended that she have two sessions a week of physical therapy for six weeks.

The injured individual saw Dr. Diliberti again on 07/24/2003. Dr. Diliberti noted "We have seen pain behavior and subjective complaints, which are clearly not consistent with objective exam findings. I am simply not finding a great deal of abnormality in the office today to correspond to the subjective complaints." She was given work restrictions.

No gains were noted from physical therapy, and it was terminated on 08/28/2003. The injured individual saw Dr. Diliberti again on 09/16/2003. She continued to complain of pain and restrictions in her range of motion. Dr. Diliberti stated "This case is certainly somewhat complicated that the patient was essentially completely resolved in the first six weeks from surgery, then, for unexplained reasons, she has developed subjective complaints and subjective stiffness without significant objective findings." Her affect was also considered somewhat inappropriate. She was to continue physical therapy.

On 10/28/2003, the injured individual wished to have therapy resumed. She was able to tolerate regressive weighted exercises and ROM activities for forty minutes and was discharged to a home exercise program on 01/07/2004. The injured individual underwent a designated doctor evaluation on 10/30/2003 with Charles Silver, M.D. Dr. Silver had initially seen the injured individual on 07/10/2003 and had found her to have not reached maximum medical improvement. On 10/30/2003, Dr. Silver noted the injured individual was at maximum medical improvement. Dr. Silver assigned the injured individual a 5% whole person impairment rating and felt she was able to return to full duty. Dr. Yatsu agreed with Dr. Silver's impairment rating in a letter to The Hartford Insurance Company on 11/17/2003.

Kenneth Driggs, M.D. completed an independent medical review on the injured individual on 10/27/2003. He noted the injured individual would be at maximum medical improvement by the early part of November, 2003. He also noted that the passive and active modalities and office visits were reasonable and necessary.

The injured individual saw Dr. Diliberti again on 11/13/2003. She reported little change in her condition since the last visit on 09/16/2003. Dr. Diliberti noted she had reached maximum medical improvement. He reported, "Based on anatomic findings she would be able to perform essentially her usual duties. However, she reports subjective pain with increased activities. Therefore I would recommend limiting repetitive tasks with breaks every hour and alternations of these repetitive tasks every 30 minutes."

The injured individual was seen by various providers including Dr. Tieu, at the Associated Healthcare Medical Center. Her first appointment was on 01/27/2004. She complained of wrist and hand pain. Her next appointment was on 01/30/2004. There was no change in her complaints. On her 02/03/2004 visit her complaints remained unchanged. The plan was to treat her with injections.

On 02/17/2004 Dr. Tieu referred the injured individual to Raphael Emanuel, M.D., Ph.D. for a medication evaluation. Dr. Emanuel recommended that the injured individual be

treated with Trazodone, Darvocet and that the Ultram be discontinued. Dr. Emanuel also recommended an EMG.

She was referred for a behavioral medicine consultation by her treating physician, Dr. Phuong Tieu to assess her emotional status and determine the relationship of her pain to her work incident.

The injured individual received a chronic pain management evaluation on 05/05/2004 which was administered by Erica Penick, M.A., LPC-I and Tracey Duran, M.S., L.P.C. This is the service that was denied with a "V-code (payment withheld as peer review indicates documentation does not support the treatment to be medically reasonable and/or necessary.

The injured individual rated the pain in her right upper extremity at a level of "6/10", but stated it would elevate to "8/10". She described burning pain in her pelvis which radiated into her lower extremity. She also reported aching type pain in her neck, right shoulder and stabbing pain in her elbow and forearm. She stated that the pain interfered with her activities of daily living,

The injured individual gave the following history. She was first treated with a brace by Dr. Diliberti. She was then referred to Martin Moelya, M.D. a hand specialist. On 03/10/2003, Dr. Diliberti released her to return to work without restrictions. She had a second consultation with Dr. Moelya on 04/17/2003 and her employment was terminated. Dr. Diliberti performed a right dorsal wrist ganglion excision on 05/07/2003. This was followed by post-operative occupational therapy until 12/2003. On 10/30/2003 a designated doctor assigned the injured individual a 5% whole person impairment rating. Dr. Diliberti determined that she was at MMI on 12/2003 and discharged her to a home exercise program and released her to return to work with restrictions. She continued report pain and functional limitations and transferred to Dr. Tieu on 01/30/2004.

At the time of the 05/05/2004 assessment the injured individual was only taking over the counter Tylenol. She had been prescribed Trazodone and Ultram in the past.

The injured individual reported lifestyle changes that included difficulties with activities of daily living, disruption of her occupational functioning and strains on her relationships. She rated her irritability and restlessness as a "6/10"; frustration and anger "6/10"; family problems "8/10"; financial and vocational distress "10/10", insurance claim problems "10/10"; muscle tension "8/10", anxiety "6/10"; depression "8/10"; and forgetfulness "6/10".

The injured individual was given the provisional diagnoses as Axis I: adjustment disorder with mixed anxiety and depressed mood, chronic; Axis II: diagnosis deferred; Axis III: 354.0; Axis IV: moderate and Axis V: current GAF of 55. Treatment at a chronic pain management program was recommended as well as behavioral medicine testing.

The injured individual underwent behavioral medicine testing on 06/14/2004 with Phil Bohart, M.S., C.R.C., L.P.C., and Tracey Duran M.S., L.P.C., L.M.F.T. Individual psychotherapy and biofeedback training were requested.

Dr. Tieu transferred the injured individual to Douglas Wood, D.O. Her first appointment was on 10/21/2004. She reported that she had wrist pain for the last 1.5

years and rated her pain as "8/10". She was diagnosed with carpal tunnel syndrome, tenosynovitis of the hand and wrist, depressive disorder, anxiety state and sleep disturbance. She was treated with Flexeril 10 mg q day, Vicodin-ES 7.5 mg q eight hours, and Celebrex 200 mg q day. She was to receive physical therapy.

The injured individual was seen by Dr. Wood about every one to two weeks. She continued to complain of pain and was anxious and depressed. On 01/04/2005 Dr. Wood noted that the injured individual had failed her lower level of care and referred her to a chronic pain management program.

The claimant underwent a psychological assessment with Julie Duncan, Ph.D. on 01/04/2005. She rated the pain in her hand and fingers as "8/10". She was administered both the Beck Depression Inventory and the Beck Anxiety Inventory. The tests revealed severe symptoms of depression and anxiety. She was referred to the Allied Behavioral Healthcare Chronic Pain Management Program. The Chronic Pain Management program was denied by her insurance and on 01/24/2005, Dr. Duncan requested that the injured individual be treated with individual psychotherapy and biofeedback.

On 02/15/2005 the injured individual had a biofeedback training session. She was not able to reduce her tension below 3.5 microvolts. She also had an individual therapy session on that same day and stated she was depressed and frustrated due to her pain. She had another therapy session on 03/08/2004 and remained depressed and frustrated, though she was hopefully about her recovery. She had another biofeedback session on 04/19/2005 and reported she felt relaxed, but was unable to lower her tension. She had a therapy session on the same day and worked on her coping skills. The injured individual was seen in individual therapy on 04/26/2005 and again on 05/10/2005. Her mood was stable and her complaints remained unchanged. Dr. Duncan requested a chronic pain management program again on 05/11/2005. She stated that though the injured individual had made progress in her biofeedback and therapy, it was not sufficient in improving her overall level of functioning. Dr. Duncan reported that the injured individual had failed all her lower level of care. On 04/27/2005, Dr. Wood noted that her range of motion had improved 30%. She was noted to be depressed.

A review of the disputed CPT code 90801 which was denied by the carrier for lack of medical necessity was requested.

RATIONALE:

The injured individual is a 50-year-old woman who was diagnosed with a right wrist ganglion cyst. Her cyst was a work related injury with an injury date of . She continued to experience pain in her right upper extremity in spite of receiving a variety of treatments including physical therapy, medication management and surgery. One of her physicians, Thomas Diliberti, M.D., who is an orthopedic surgeon, noted on 07/24/2003 that "We have seen pain behavior and subjective complaints, which are clearly not consistent with objective exam findings. I am simply not finding a great deal of abnormality in the office today to correspond to the subjective complaints." On 09/16/2003 Dr. Diliberti reported that "her affect was also considered somewhat inappropriate".

The injured individual was referred for a behavioral medicine consultation in order to assess her emotional status and to evaluate her suitability for a tertiary level of care. She was found to have difficulties coping with her pain. The results of the evaluation

determined that the claimant would be a candidate for a multidisciplinary pain management program. The evaluation was medically necessary as it has been determined that the presence of significant psychological symptoms can interfere with an individual's ability to benefit from a pain management program. Workman et. al. (2002) have shown that comorbid psychiatric disorders can reduce the probability of a pain program having a successful outcome. The evaluation was also necessary as Dr. Diliberti had previously noted the presence of a lack of consistency between subjective complaints and objective findings. This suggested that psychological factors may be a factor interfering with the ability to benefit from a rehabilitation program. Overall, a psychological evaluation (CPT 90801) was medically necessary to determine if psychological factors would interfere with the injured individual's ability to benefit from a pain management program or other intervention.

RECORDS REVIEWED:

- TWCC IRO Assignment 4/20/05
- TWCC MR 117 4/20/05
- TWCC 60
- Carf 5/19/05
- Texas Health 5/5/04
- IntraCorp 1/13/05
- PRN 1/10/05
- Allied Behavioral Healthcare 5/10/05
- Unimed Direct 5/11/05
- Allied Behavioral Healthcare 5/11/05
- Allied Behavioral Healthcare 1/10/03
- PRN 1/10/05
- Intra Corp 1/13/05
- Professional Medical Consultants 4/27/05
- Allied Behavioral Healthcare 4/26/05
- Professional Medical Consultants 3/16/05
- Professional Medical Consultants 4/19/05
- PRN 1/10/05
- Intracorp 1/13/05
- Professional Medical Consultants 3/15/05
- Allied Behavioral Healthcare 3/8/05
- Allied Behavioral Healthcare 2/15/05
- Unimed 2/3/
- Allied Behavioral Healthcare 2/1/05
- Allied Behavioral Healthcare 1/10/03
- Professional Medical Consultants 1/11/05
- Professional Medical Consultants 1/04/05
- Professional Medical Consultants 1/10/05
- Professional Medical Consultants 12/14/04
- Professional Medical Consultants 12/20/04
- Division of Dynasplints Systems 11/03
- Landmark medical 8/03
- Article/ case study on dyna splint
- Professional Medical Consultants 11/24/04
- Professional Medical Consultants 12/1/04
- Professional Medical Consultants 10/26/04
- Professional Medical Consultants 10/27/04
- Professional Medical Consultants 11/3/04
- Professional Medical Consultants 11/10/04
- Professional Medical Consultants 11/17/04
- Texas Health 5/5/04
- Texas Health 1/10/03

- Raphael Emanuel MD 2/17/04
- Professional Medical Consultants 10/21/04
- Allied Behavioral Health 1/24/05
- Unimed 1/13/
- Allied Behavioral Health 1/11/05
- The Hartford 1/14/05
- Unimed 1/21
- Allied Behavioral Health 1/17/05
- The Hartford 1/12/05
- The Hartford 1/18/05
- Unimed 12/21/04
- Professional Medical Consultants 12/3/04
- Professional Medical Consultants 12/4/04
- The Hartford 12/17/04
- Division of Dynasplints Systems 11/03
- Landmark medical 8/03
- Carf 6/14/04
- Texas Health 5/5/04
- Texas Health 5/26/04
- Patient Face sheet 2/10/04
- Texas Health 5/26/04
- Texas Health 5/5/04
- Raphael Emanuel MD 2/17/04
- 4 prescriptions
- Associtated health care medical center 2/3/04
- Initial medical exam 2/3/04
- Initial consultation 1/27/04
- Thomas C. DiLiberti 11/13/03
- Thomas C. DiLiberti 9/16/03
- Thomas C. DiLiberti 7/24/03
- Thomas C. DiLiberti 6/12/03
- Thomas C. DiLiberti 4/17/03
- Thomas C. DiLiberti 3/10/03
- Thomas C. DiLiberti 3/6/03
- Thomas C. DiLiberti 1/30/03
- Thomas C. DiLiberti 5/27/03
- Thomas C. DiLiberti 5/21/03
- Mary Shiels Hospital Operative report 5/7/03
- Associtated health care medical center 1/10/03
- TWCC 73
- Associtated health care medical center 3/4/04
- The Hartford 6/29/04
- Texas Health 6/28/04
- Texas Health 6/25/04
- Patient face sheet 2/10/04
- Texas Health 6/25/04
- Texas Health 6/14/04
- Texas health 5/5/04
- Texas Health 4/22/04
- Texas Health 4/22/04
- Dallas Hand Rehab 12/17/05, 1/7/03
- Texas Health 5/12/04
- Associtated health care medical center 2/3/04
- Prescriptions
- Raphael Emanuel MD 1/10/03
- Texas health 4/22/04
- Thomas C. DiLiberti 11/13/03
- Thomas C. DiLiberti 9/16/03

- Thomas C. DiLiberti 7/24/03
- Thomas C. DiLiberti 6/12/03
- Thomas C. DiLiberti 4/17/03
- Thomas C. DiLiberti 3/10/03
- Thomas C. DiLiberti 3/6/03
- Thomas C. DiLiberti 1/30/03
- Thomas C. DiLiberti 5/27/03
- Thomas C. DiLiberti 5/21/03
- Mary Shiels Operative Note 5/7/03
- Unimed 5/14/04
- Texas Health 4/12/04
- Patient Face sheet 2/10/04
- Thomas C. DiLiberti 3/10/03
- Thomas C. DiLiberti 7/24/03
- Referral Form 2/17/04
- Raphael Emanuel MD 2/17/04
- Patient Assessment eval and consultation 2/17/04
- Rehabicare
- Dallas Hand Rehab
- The Hartford
- Rehabicare
- Dallas Hand Rehab 1/7/03
- Thomas C. DiLiberti 6/12/03
- Thomas C. DiLiberti 4/13/03
- TWCC 62
- Thomas C. DiLiberti 7/24/03
- Dallas Hand rehab notes
- Thomas C. DiLiberti 11/13/03
- TWCC worker's compensation status report
- TWCC 69
- Charles Silver MD 10/30/03
- TWCC 69
- Rehabicare
- GV II
- The Hartford 12/3/03
- PRN 10/27/03
- Intracorp 11/6/03
- Landmark Medical 8/03
- Intracorp 11/4/03
- John S/ Yatsu MD letter
- TWCC 69
- Charles Silver MD 10/30/03
- UME 10/22/03
- TWCC 69
- Charles Silver MD 7/10/03
- Thomas C. DiLiberti 5/21/03
- Certificate of medical necessity for dynasplint

The reviewing provider is a Boarded Clinical Psychologist and certifies that no known conflict of interest exists between the reviewing Boarded Clinical Psychologist and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on TWCC's Approved Doctor List.

This decision by MCMC is deemed to be a Commission decision and order (133.308(p) (5).

**In accordance with commission rule 102.4(h), I hereby verify that a copy of this
Independent Review Organization (IRO) Decision was sent via facsimile to the office of
TWCC on this**

14th day of July 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____