



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name:

Texas IRO # :

MDR #: M5-06-1683-01

Social Security #:

Treating Provider: Rita Sealy-Wirt, DC

Review: Chart

State: TX

Date Completed: 8/30/06

Review Data:

- **Notification of IRO Assignment dated 7/11/06, 1 page.**
- **Receipt of Request dated 7/14/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 5/16/06, 1 page.**
- **Table of Disputed Services dated 12/20/05, 12/16/05, 12/15/05, 12/14/05, 12/13/05, 12/9/05, 12/8/05, 12/7/05, 11/23/05, 11/17/05, 11/9/05, 11/8/05, 11/7/05, 7/7/05, 2 pages.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Invoice dated 7/7/05, 2 pages.**
- **Letter of Medical Necessity dated 7/27/06, 1 page.**
- **History and Physical dated 9/28/05, 1 page.**
- **Physical Performance Evaluation dated 12/14/05, 11/17/05, 10/10/05, 17 pages.**
- **Daily Note dated 11/8/05, 11/7/05, 2 pages.**
- **Flow Sheet (date unspecified), 43 pages.**
- **Individual Psychotherapy Note dated 12/13/05, 12/8/05, 11/23/05, 11/17/05, 11/7/05, 5 pages.**
- **Group Psychotherapy Progress Note dated 12/14/05, 12/13/05, 12/8/05, 11/9/05, 11/8/05, 11/7/05, 6 pages.**
- **Pain Management Group Note dated 12/20/05, 12/15/05, 12/14/05, 12/13/05, 12/9/05, 12/7/05, 11/23/05, 11/17/05, 11/9/05, 11/8/05, 11/7/05, 11 pages.**
- **Biofeedback Therapy Note dated 12/16/05, 12/15/05, 12/8/05, 11/23/05, 11/17/05, 11/8/05, 36 pages.**
- **Massage Therapy Notes dated 12/16/05, 12/14/05, 12/9/05, 12/7/05, 11/23/05, 11/9/05, 6 pages.**
- **Chronic Pain Management Daily Note dated 12/20/05, 12/16/05, 12/15/05, 12/14/05, 12/13/05, 12/9/05, 12/8/05, 12/7/05, 11/23/05, 11/17/05, 11/9/05, 11 pages.**
- **Medication Assessment (date unspecified), 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for a psychiatric interview on 7/7/05, CPT code 90801.

Determination: UPHELD - the previously denied request for a psychiatric interview on 7/7/05, CPT code 90801.

Rationale:

Patient's age: 56 years

Gender: Female

Date of Injury: ____

Mechanism of Injury: Injury to right hand, wrist and lower back when a stainless steel table trapped her hand and she tried to pull it free.

Diagnoses: Carpal tunnel syndrome 354.0, 959.0 Injury-site NOS; and 728.9-Muscle/ligament dis; Post surgery right carpal tunnel syndrome, March 2003; and associated mood, pain and sleep disturbance directly related to the work injury; DeQuervain's syndrome.

The claimant was treated by Donald Durtra, Jr., M.D., at the Buena Vista Workskills program. His report indicated she had been treated with injections and multiple surgeries to her right upper extremity, without relief of her symptoms. She then was treated with individual psychotherapy; however, continued to present with emotional symptomology that impacted her progress in physical rehabilitation, and subsequently developed a chronic pain syndrome. She was referred to the Buena Vista Workskills chronic pain program administered by a chiropractic provider, Rita Sealy, D.C. She completed 20 days of this program, from November to December 2005.

The report from Dr. Durtra on 9/28/05, indicated that she had been given disability in May 2005 from Social Security due to diabetes and glaucoma. She was demonstrating chronic pain and mood disturbance and pain levels at 8/10. She had extremely severe Beck Depression inventory at 58 on 9/28/05, and extremely severe Beck Anxiety inventory at 57. She had been having panic attacks, and in March 2005, she had a history of severe suicidal ideation and was admitted as an outpatient in the emergency room and placed back on Xanax. There was no specific report submitted for the disputed psychiatry interview (CPT code 90801) on 7/7/05. A physical performance report on 10/10/05, indicated she has had seven upper extremity surgeries (no details). She presented using a quad cane for ambulation. She was unable to perform most of the tasks due to she was tired and reported 9/10 pain. She was again evaluated for physical performance on 11/17/05, and again on 12/14/05, and was still using the quad cane to ambulate. Pain levels were still 8.5 to 9/10, and she was unable to perform most tasks.

The current request is to determine the medical necessity for the disputed psychiatry interview (CPT code 90801) on 7/7/05. The medical necessity for this code was not established within the dispute resolution documentation. There was absolutely no report or examination information submitted for this disputed psychiatry interview on the date of service of 7/7/05. There were no medical records or documentation to review prior to this 7/7/05 date of service. There was only mention of suicidal ideation in March of 2005. Therefore, this reviewer finds this decision for non-certification upheld at this time, with the available documentation for this review.

Criteria/Guidelines utilized: 1) Texas Department of Insurance and DWC rules and regulations.

2) CPT-4 Code Category CPT-4 Description Benchmark 90801 Medicine Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. In certain circum. \$119.77

3) ACOEM Guidelines, 2nd Edition, Chapter 15.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

Your Right to Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, requestor, claimant and the Division via facsimile or U.S. Postal Service from the office of the IRO on this 30th day of August, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

LeeAnne Strang
Senior PRN Supervisor
CompPartners

CORPORATE OFFICE
18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995
E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426