

September 4, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0789-01
TWCC File #:
Injured Employee:
DOI: SS#:
IRO Certificate No.: I RO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Physical Medicine and Rehabilitation.

The physician reviewer AGREES with the determination of the insurance carrier in this case. The reviewer is of the opinion that a multi-disciplinary pain management program is not medically necessary in this case.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **twenty (20)** days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 4th day of September 2002.

Sincerely,

Gilbert Prud'homme
Secretary & General Counsel

GP:thh
Enclosure

cc:

MEDICAL CASE REVIEW

This is ___ M.D. for Independent Review, Incorporated, 1601 Rio Grande, Suite 420, Austin, Texas 78701. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0789-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of pain management program.
2. Medical letters requesting that the pain management program is necessary because the previous multi-modality treatments have failed.
3. Notes from pain management program indicating it is working quite well.
4. Psychological evaluation indicating, to me at least, a considerable amount of premorbid psychological dysfunction and psychosocial dysfunction which appear to be preventing the back-to-work recovery of this individual.
5. Orthopedic evaluation and MRI of the right wrist, which are consistent in that there is agreement that the injury was an injury to the right wrist resulting in a tear in the triangular ligament of the right wrist.

B. BRIEF CLINICAL HISTORY:

The best clinical history I can get is from the psychological evaluation, in that this gentleman apparently on the date of injury given as 2/15/01, while working, was lifting a glass shelf when he somehow injured his right wrist and right forearm. He worked two more weeks, but the pain increased to the point where he could no longer perform his duties. There is no evaluation of previous psychological care or previous medical care. However, he did not enter the United States until 1981.

He has had most of the treatments which are recommended for the comprehensive pain management program. However, this is a little different than most pain management programs in that a tremendous amount of activity is postulated, i.e., aquatic pool exercises for a wrist injury, electrotherapy, ultrasound, passive modalities, treadmill-again for a wrist injury, stationary bike, kinetic and therapeutic excercises, free weights, and massage for a wrist injury.

C. DISPUTED SERVICES:

The disputed services are for a multi-disciplinary pain management program.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION

My basic reason for disagreeing with the physicians treating this patient is mainly that this just does not meet the common-sense test. Admittedly, I have never seen the patient, but this is a wrist injury with a tear of one ligament in the wrist, and a multi-disciplinary effort has failed to get this gentleman back to work at the time that the pain management program was postulated. This just simply does not make good sense.

Second, the primary problems of this individual seem to be psychological, and although it may be true that a multi-disciplinary pain management program which provides a tremendous amount of psychological input and psychosocial input might get this individual back to work, it just is not part of his injury; his injury was his wrist. His long-term psychiatric and socially aberrant (if I may use the term in a loose sense) condition probably cannot be changed by a course of multi-disciplinary pain management. This individual, as recommended by some of the psychological evaluation, probably needs work on his psychological disorders as stated by both Julie Duncan, later reviewed by Dr. Ziegler, and then reinforced as the pain management program seemed to be progressing. This is just not appropriate for a wrist injury, i.e., one of the goals is downward titration of narcotic analgesics, centrally-acting muscle relaxants, and benzodiazepines. A wrist injury simply should not be on these medications in the first place.

I simply do not believe that for a wrist injury all this therapy is indicated. They may well be indicated for the overall wellness of this individual and may well be necessary treatment modalities to keep this individual in the workforce, but for the wrist injury, they are simply not indicated. Thus, I have to agree with the insurance carrier in this case that a wrist injury really does not require all this treatment, especially when the pathology is clear; it is not vague; it has been clearly diagnosed and clearly evaluated by the treating physicians.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

, M.D.

Date: 29 August 2002