

July 22, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0816-01
IRO Certificate No.: 5055

COPIES TO:

Texas Workers' Compensation Commission
Attention: Rosalinda Lopez
Medical Dispute Resolution
Fax: (512) 804-4868

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ 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 Doctor of Chiropractic Medicine.

THE PHYSICIAN REVIEWER OF THIS CASE DISAGREES WITH THE DETERMINATION OF THE INSURANCE CARRIER.

I am the Secretary and General Counsel of ___ 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 simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission with the reviewer's name redacted. This decision by ___ 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©).

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 July 22, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0816-01, in the area of Chiropractic Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of chronic pain management program.
2. ____ correspondence (Physician's Statement), 06/04/02.
3. ____ denial of chronic pain management services, 04/25/02, 03/29/02.
4. ____ denial of right shoulder arthroscopy, 12/26/02.
5. ____ denial of chronic pain management services on 06/01/01.
6. TWCC-61 of ____, 01/29/01.
7. Impairment report of ____, 02/18/02.

8. IME report with ___ on 11/15/01.
9. Psychosocial assessment by ___, on 10/12/01.
10. ___, Orthopedic report on 08/04/01.
11. ___, Orthopedic report on 03/15/01.
12. Functional capacity evaluation, 12/07/01, 08/16/01.
13. NCV report, 12/13/01.

B. BRIEF CLINICAL HISTORY:

The patient was injured while working for ___ on ___ when she was delivering a box weighing 85 pounds. The patient lost control of the package, and the right wrist was traumatically compressed between the box and a metal stair rail.

The patient began treatment with ___ on 01/29/01. The patient was referred to ___ on 03/15/01 for an Orthopedic consult for surgical intervention, bilateral carpal tunnel release, and a right de Quervain's release was recommended.

MR imaging of the right wrist on 02/06/01 showed internal incomplete tear of the extensor digitorum tendon. MR imaging of the right wrist on 07/09/01 showed previous scar tissue from prior release, mild DJD, significant and diffuse tenosynovitis, and thickening of the adductor pollicis longus tendon. MR imaging of the right shoulder on 07/25/01 showed tendinitis of the rotator cuff with a Grade I impingement.

The patient was referred to ___ on 08/04/01 for Orthopedic consult for the shoulder and right wrist.

Carpal tunnel release and de Quervain's release were performed on 04/04/01.

NCV performed on 12/13/01 was suggestive of bilateral carpal tunnel syndrome.

The patient has completed a course of work hardening with 25% improvement of function and has completed 28 sessions of chronic pain management.

C. DISPUTED SERVICES:

Disputed services are regarding further chronic pain applications.

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

1. It is certainly medically appropriate, given the patient's high scoring on psychosocial indices, for this patient to continue with chronic pain applications, due to poor success with prior treatment interventions.
2. The chronic pain program in which the patient was enrolled showed a medically significant improvement in the patient's pain and ability to cope with her dysfunction.
3. Various peer-reviewed studies show support for interdisciplinary pain programs. In the study, "Comparison of Three Intensive Programs for Chronic Low Back Pain Patients: A Prospective, Randomized, Observer Blind Study with a One-Year Follow-up," in the *Scandinavian Journal of Rehabilitation*, a comprehensive interdisciplinary program was compared to two shorter programs consisting of active physical training and back school or active physical training and psychological pain management. At the one-year point, the workers in the interdisciplinary pain program performed significantly better in enabling work readiness, diminishing pain level and disability, diminishing healthcare visits, increasing physical activity, and reducing the use of analgesics. In comparison of the lesser two interventions, there was no significant difference between these measures.
4. In addition, intensive interdisciplinary pain management programs have shown to be cost-effective. In an *American Pain Society (APS) Bulletin*, Vol. 8, pp. 5-11, Turk and Okifuji stated, "Interdisciplinary pain centers can save billions of dollars in healthcare expenditures, indemnity costs, lost tax revenue, replacement workers, and legal costs."
5. In addition, the Texas Worker's Compensation Act, Section 408.021, states that an employee who sustains a compensable injury is entitled to all health care reasonably required by the nature of the injury as and when needed. The employee is specifically entitled to health care that: (1) cures or relieves the effects naturally resulting from the compensable injury; (2) promotes recovery; or (3)

enhances the ability of the employee to return to or retain employment.

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.

Date: 18 July 2002