

September 30, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2-02-1157-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic, a Diplomate in Pain Management. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

Based on information submitted for review, it appears that this patient experienced a left shoulder injury during his regular course of employment on \_\_\_. He was apparently seen by a company physician, and then referred to a \_\_\_ for orthopedic consultation. A MRI was apparently ordered suggesting a left rotator cuff tear. The claimant apparently undergoes rotator cuff repair and acromioplasty on 01/17/02. This patient completes a short course of post-operative physical therapy but it is unknown if this is completed. The claimant then appears to change treating doctors to \_\_\_, a chiropractor, but no initial report of this evaluation or TWCC-53 form is submitted for that review. There is a physical therapy report from a chiropractor's office from 05/03/02 suggesting that the claimant injured his shoulder while lifting trash into a dump truck. Additional post-surgical active rehabilitation appears to be recommended at 3x per week for 4 weeks. The claimant is then seen by another orthopedic surgeon, \_\_\_, on 05/07/02. \_\_\_ indicates that the claimant worked as a mechanic and injured his shoulder while lifting a drive shaft while on his back. (conflicting causation). The claimant also reveals to \_\_\_ that he had

had a previous surgery to the opposite shoulder but does not indicate when or how this occurred. In \_\_\_ report of past medical history, claimant also denies, among other things, diabetes and mental illness. The patient is diagnosed with shoulder impingement with mild adhesive capsulitis post rotator cuff tear. No specific prescription for medications is noted. \_\_\_ suggests a series of injections and a work hardening program with MMI, anticipated in six to eight weeks. There is no report suggesting if or when any of these procedures were performed. Another physical therapy report is submitted 05/21/02 suggesting that the patient now be seen daily to 3x per week for both active and passive therapeutic modalities. The claimant appears to undergo multiple sessions of physical therapy until reevaluated by the treating chiropractor on 06/19/02. At this time, \_\_\_ finds this patient to be experiencing depression and anxiety and refers him for a chronic pain management program. A psychological evaluation is performed on 06/26/02 by a \_\_\_ revealing a past medical history of previous right shoulder injury in \_\_\_ with surgical repair. It is also revealed that the claimant is being concurrently treated for depression and diabetes unrelated to this occupational injury. \_\_\_ notes that previous attempts at individual therapies have been ineffective and that an intensive multidisciplinary chronic pain management program is indicated. A treatment plan submitted by \_\_\_ on 07/16/02 suggests a program consisting of daily treatment with 4 hours of active and passive physical therapy modalities in addition to two hours of individual psychotherapy and cognitive/behavioral skills training. Request for preauthorization was denied by Medical Audit Consultants. The reasons given for denial are that the pre-existing psychological difficulties are unrelated to the occupational injury and that appropriate medical management has not been attempted.

#### REQUESTED SERVICE

Determine the medical necessity of a chronic pain management program.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

Medical necessity for a comprehensive chronic pain management of this nature is not supported by the documentation submitted. There is a significant amount of necessary information missing from this file. No initial medical reports and documentation of procedures (DOP) are submitted for review. No initial chiropractic evaluation and examination reports are available for review. No comprehensive medical history appears to have been taken by treating chiropractor (including review of medications and concurrent treatment/therapies). The claimant appears to be taking some "pain medications," but no inventory of this is made by either \_\_\_ or consulting orthopedist, \_\_\_. No DOP is submitted regarding "injection" procedures performed by \_\_\_. It is unknown if all "conventional" or "conservative" efforts have been attempted to resolve these conditions, as these efforts have not been documented by the treating chiropractor or the consulting orthopedist. Based on chiropractic, physical therapy and orthopedic

reports available, it would appear that aggressive orthopedic, medical and conservative therapeutic interventions would have been appropriate and could conceivably bring this patient to MMI within a 6-8 week period of time (if attempted or performed). As the claimant is concurrently under care for individual psychotherapy and anti-depression medication, and extensive active/passive physical therapy/rehabilitation has been previously attempted, the program described by the chronic pain management “treatment plan” would appear duplicative and/or repetitive. A work hardening program, as suggested by \_\_\_\_, would include a program of behavioral/cognitive and psychosocial counseling in a group setting. As claimant is currently undergoing individual psychotherapy, a program of this nature would appear more conventional following appropriate orthopedic/medical evaluation and intervention.

As an officer of \_\_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TDI/TWCC.

Sincerely,

### **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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

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

This decision is deemed received by you 5 (five) 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 Worker’s Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).