

July 9, 2003

Medical Dispute Resolution

MDR #: M2-03-1081-01

IRO Certificate No.: 5055

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 physician who is Board Certified in Pain Management.

Brief Clinical History:

This male claimant suffered a work-related injury on ____. This caused him to have a laceration on the left side of his head and ear, and knocked him to the ground. He subsequently complained of pain on the left side of his neck, left shoulder, left thumb, lower back, and left knee.

MRI of the left thumb on 07/19/01 was normal. MRI of the cervical spine demonstrated clinically insignificant 2-3 mm bulges at C5-6 and C6-7 with no compression of the spinal cord or nerve roots. Left shoulder MRI demonstrated a full-thickness rotator cuff tear with tendon retraction.

Following evaluation, the claimant underwent left shoulder surgery on 08/09/02, consisting of comprehensive repair of the full-thickness left rotator cuff tear. On 02/10/03 he complained of left shoulder pain and was observed to be depressed with a flat affect. He was also seen by a chiropractor for treatment before and after surgery.

On 03/03/03, the patient underwent psychophysiologic profile evaluation and "psychology evaluation" by a Master's-level, licensed counselor. This evaluation consisted of a listing of subjective complaints with "testing" consisting of psychosocial pain inventory and T-3 tests.

In follow-up on 04/10/03, the patient was noted to have good range of motion and restoration of shoulder function following manipulation under anesthesia for post-operative adhesions. His primary complaint on that date was back and left knee pain. He was said to be "doing well" regarding his left shoulder repair. He had "good strength and range of motion" in the left shoulder with no significant complaints or dysfunction. This evaluation seemed to focus on the patient's lumbar and left knee pain.

An MMI and Impairment Rating was performed 03/26/02 in which the patient's lumbar range of motion was found to fail regarding validity. MMI was 14% whole-person impairment rating on 12/28/01.

Disputed Services:

Thirty-day chronic pain management program.

Decision:

The reviewer agrees with the determination of the insurance carrier. The reviewer is of the opinion that a chronic pain management program is not medically necessary in this case.

Rationale:

Records provided for review clearly and unequivocally document on 04/02/03 that the patient's left shoulder is no longer a problem. His only complaints on that date were lumbar and left knee pain, both of which were attributed to his age resulting in lumbar and knee degeneration.

The referral on 02/21/03 to a chronic pain management program was based on the claimant's "appearing to be anxious as well as depressed", along with his allegations of difficulty sleeping. There is no medical evidence of this claimant's having a psychological disturbance, any psychologic impact on his clinical course, or manifestations of significant psychologic illness. The "psychology evaluation" performed on 03/03/03 was inadequate to demonstrate any medical necessity for psychologic intervention. It was merely a listing of subjective complaints, combined with inappropriate, insignificant "psychologic testing" that had no validity or predictive value regarding psychological status.

Numerous studies have demonstrated that the only test with validity in determining a claimant's psychologic status is an MMPI-II, which was not administered to this claimant. Furthermore, a Master's degree in Education does not qualify an individual to evaluate a patient for psychologic illness or medical necessity for a chronic pain management program.

Given the significant discrepancy between the surgeon's evaluation of the left shoulder and the Pain Management specialist's reliance on left shoulder dysfunction and pain as the primary reason for a chronic pain management program, there is clearly no consensus regarding the medical facts in this case. Clearly, the operating surgeon for the left shoulder is in a much better position to evaluate the shoulder and to determine whether there is any ongoing pathology or dysfunction. The claimant does not appear to meet the criteria for such a program. Medical necessity is not demonstrated.

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 care 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. 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 9, 2003.

Sincerely,