

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-03-1735-01

September 30, 2003

An independent review of the above-referenced case has been completed by a medical physician board certified in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Notice of Independent Review Determination

CLINICAL HISTORY

This is a 67-year old male who had an on the job injury on ____. There was a crushing injury to his right thumb; he had surgical debridement and reconstructive surgery. He continues to have pain and limited motion of the thumb post surgery and post-operative therapy. This is consistent with post-operative/post-traumatic arthritis in the metacarpal trapezial joint.

REQUESTED SERVICE(S)

Chronic Pain Management Program x20 sessions.

DECISION

Deny requested services.

RATIONALE/BASIS FOR DECISION

Post-operative pain in a joint reconstruction can result in a chronic problem of pain with movement of that particular joint. The standard of care is post-operative rehabilitation with hand therapy to maximize strength and range of

motion. If a worker injured on the job develops depression as a result of loss of function, a routine treatment of oral antidepressants is indicated. Chronic pain management programs are not deemed medically reasonable and necessary for management of arthritic pain in a single joint as a result of single joint trauma. The disease process of post-traumatic arthritis of the singular joint does not necessitate a comprehensive, multidisciplinary pain management program. The treatment is well-documented and the standard of care is for local treatment of the joint including physical therapy, injections, and avoidance of activity.

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.

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 **10** (ten) calendar days of your receipt of this decision (20 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 **20** (twenty) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 1st day of October 2003.