

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Road, Irving, TX 75038

972.906.0603 972.255.9712 (fax)

Certificate # 5301

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING
IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-05-7319.M2

May 17, 2005

**ATTN: Program Administrator
Texas Workers Compensation Commission**

Medical Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100

Austin, TX 78744

Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-05-1088-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 4.15.05.
- Telephone request for provider records made on 4.18.05.
- The case was assigned to a reviewer on 4.29.05.
- The reviewer rendered a determination on 5.17.05.
- The Notice of Determination was sent on 5.17.05.

The findings of the independent review are as follows:

Questions for Review

Preauthorization request for Breast Surgery (Capsulotomy)

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **uphold the denial** for preauthorization.

Summary of Clinical History

____ fell while at work on _____. According to her history, she fell on her right breast and since that time has noted some distortion of the right breast.

Clinical Rationale

The medical records, mammographic studies, ultrasound studies, and physical examinations did not demonstrate any evidence of a rupture of the implant. Medical documentation regarding the pre-injury

condition of her breast was not provided, which could have been documented by postoperative photographs taken by the operating surgeon. Since these implants were saline, it is very likely the surgery was done after 1992 and these records should have been available. It is also reported that the patient had a capsular contracture Baker IV of the left breast. It is very likely that the patient would have returned to follow-up with her operating surgeon, once this hard capsular contracture developed. Therefore, photographs should have been taken of the pre-injury condition, documenting not only the capsular contracture on the left but also the strong possibility of capsular contracture with distortion on the right. The patient claims that there has been a change in shape of the breast on the right side since her fall. Again, this could have easily been documented by photographs comparing the pre-injury condition to the post-injury condition.

The records of the pre-injury condition and clinic notes by the operating surgeon, indicating development of the capsular contracture over time, up until the date of injury ___ should have been available for review and comparison. There was also no evidence per the records, reports and studies done to demonstrate any evidence of a rupture of the implant. Since this medical documentation and comparative photographs were not provided, the request for preauthorization for a capsulotomy of one or both breasts should be denied.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 20 years of patient care and Otolaryngology and Plastic surgery.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomate of the American Board of Plastic Surgery, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

In accordance with TWCC Rule 102.4 (h), a copy of this decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 17th day of May2005.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator

CC: Tarrant County c/o Harris & Harris
Attn: Robert Josey
Fax: 512.346.2539