

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	06/28/2005
Injured Employee:	
Address:	
MDR #:	M2-05-1538-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES: Pre-authorization denied for individual psychotherapy (90806) and biofeedback therapy (90901) once weekly for 4 weeks.

DECISION: Upheld

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 06/28/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The denial of the requested course of individual psychotherapy and biofeedback was upheld.

CLINICAL HISTORY:

Records indicate that the above captioned individual was injured as the result of an occupational incident that reportedly occurred on _____. The history reveals that the above captioned individual was carrying a 2X12 piece of lumber when the wind twisted the wood causing an injury to his right shoulder. It is not clear what treatment transpired initially, however the injured individual was treated by a Concentra facility and by an Accident and Injury clinic until presenting to the office of the current AP on 11/14/04 complaining of pain to the right shoulder, elbow, wrist and hand. Additionally, he complained of numbness and tingling to the right upper extremity as well. He exhibited decreased ranges of motion, decreased muscle strength and positive orthopedic testing. A course of chiropractic management ensued. MRI exam of the cervical spine dated 06/14/04 revealed a shallow protrusion at C3 with impression on the thecal sac. An MRI of the right shoulder revealed mild degeneration and tendonitis. On at least one occasion, the shoulder became dislocated and was reduced under anesthesia. Neurodiagnostic testing of the right upper extremity was within normal limits. A psychological examination dated 10/05/04 suggested that the injured individual was suffering from depression and anxiety. GAF score was 50. The injured

individual participated in weekly X6 psychological based individual therapy to include biofeedback and biofeedback training beginning on or before 12/22/04.

RATIONALE:

There is no comparative objective or subjective evidence that the injured individual benefited from the initial course of psychotherapy and biofeedback which was attended several months previous beginning on or before 12/22/04. Specifically, the injured individual attended a six week course of individual psychotherapy and biofeedback apparently beginning on 12/22/04. Symptoms of pain, tension, anxiety, depression and irritability all remained constant and severe. Also, symptoms associated with job/financial issues and work issues actually increased through the course of care. As such there is no reasonable expectation that the additional course of psychotherapy and biofeedback would likely produce additional therapeutic benefit beyond what might have already been achieved or documented.

RECORDS REVIEWED:

- TWCC notification of IRO Assignment 4/29/05
- TWCC –60 Medical dispute resolution request/response.
- TWCC Table of disputed services/
- TWCC MR-117 4/15/05
- Concentra 2/09/05 Letter to provider.
- Concentra 3/07/05 Letter to provider
- U.S. Postal Service Delivery confirmation PS Form 152
- Letter from the Law Offices of Jeffrey M. Lust. 4/25/05
- Active Behavioral Health and Pain Rehab, requestor's position on pre-authorization. 8 pages
- Fax from Active Behavioral Health and Pain Rehab
- Active Behavioral Health and Pain Rehab- Behavioral Health Pre-authorization Request 2/2/05.
- Active Behavioral Health and Pain Rehab- request for Behavioral Health Treatment. 2/2/05. 3 pages
- Active Behavioral Health and Pain Rehab- Individual Psychotherapy & biofeedback Training Plan & Goals of Treatment. 2/2/05
- Concentra 2/09/05 Letter to provider.
- Active Behavioral Health and Pain Rehab- Behavioral Health Pre-authorization Request 2/28/05.
- Active Behavioral Health and Pain Rehab- Reconsideration: request for behavioral health treatment. 2/28/05. 5 pages.
- Active Behavioral Health and Pain Rehab- Reconsideration: individual psychotherapy and biofeedback training plan & goals of treatment.
- Concentra 3/07/05 Letter to provider
- Patient profile plan dates 1/1/05-12/31/05
- Active Behavioral Health and Pain Rehab- 1/27/05
- Clinical Notes and SOAP notes. 11/17/04.
- U.S. Postal Service Delivery confirmation PS Form 152
- TWCC PLN-11 - CAN Notice of Disputed Issue(s) and Refusal to Pay Benefits 11/22/04.
- TWCC- 21 payment of compensation or notice of refused/disputed claim.
- White Rock MRI Open Air- 6/17/04
- TWCC- 73 Worker's status report

- Metroplex Orthopedics, PA, 7/12/04
- Metroplex Orthopedics, PA, 7/12/04 with lab results
- Lone Radiology 7/29/04
- Garland Psychological Center 10/5/04
- Health Insurance Claim Form HCFA- 1500
- Concentra Aps- HCFA Bill detail 11/28/04
- D.G. Edwards DO- Sports Medicine and Occupational therapy 7/8/04
- TWCC- 73
- TWCC- 69
- Patrick W. Donovan 7/30/04
- Health Insurance Claim form- Form RRB-1500
- Dorothy Leong, MD 8/25/04
- Metroplex Orthopedics 8/25/04
- Health Insurance claim form- Form RRB1500
- Kenneth F. Wise Clinical psychologist 9/20/04
- Metroplex Orthopedics- 10/6/04
- Metroplex Orthopedics- 11/5/04
- Clinical Notes/ Soap notes 11/23/04
- Summit rehab Center 11/17/04
- Health Insurance Claim Form RRB 1500
- Garland Psychological Center 11/05/04
- Garland Psychological Center 11/12/04
- Garland Psychological Center 11/15/04
- Health Insurance Claim Form RRB 1500
- Active Behavioral Health and Pain rehab Biofeedback Therapy note 12/22/04
- Health Insurance Claim Form RRB 1500
- Active Behavioral Health and Pain rehab Biofeedback Therapy note 12/30/04
- Health Insurance Claim Form RRB 1500
- Active Behavioral Health and Pain rehab Biofeedback Therapy note 12/30/04
- Clinical Notes SOAP Notes 1/14/05
- Letter of medical necessity- 12/1/04
- Active Behavioral Health and Pain rehab Biofeedback Therapy note 1/6/05
- Michael E. Muncy Orthopedic Surgery 1/5/05
- TWCC 73
- Active Behavioral Health and Pain rehab Biofeedback Therapy note 1/13/05
- Active Behavioral Health and Pain rehab Biofeedback Therapy note 1/20/05
- Active Behavioral Health and Pain rehab Biofeedback Therapy note 1/27/05
- Andrew B. Small III M.D. 2/10/05
- Clinical notes/ SOAP notes 4/7/05
- Andrew B. Small III M.D. 11/23/04
- Andrew B. Small III M.D. 11/30/04
- Andrew B. Small III M.D.12/7/04

The reviewing provider is a Licensed Chiropractor and certifies that no known conflict of interest exists between the reviewing Licensed Chiropractor and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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) days or your receipt of this decision (28Tex.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) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties 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

28th day of June 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____