

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

August 31, 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: M2-05-2082-01
RE: Independent review for ____

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

- Parker Healthcare Management received notification of independent review on 7.19.05.
- Faxed request for provider records made on 7.19.05.
- TWCC issued an Order for payment on 8.3.05.
- The case was assigned to a reviewer on 8.15.05.
- The reviewer rendered a determination on 8.29.05.
- The Notice of Determination was sent on 8.31.05.

The findings of the independent review are as follows:

Questions for Review

Pre-authorization was denied for 30 sessions of chronic pain management.

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** on the requested service(s).

Summary of Clinical History

____ sustained a work related job injury on ____, when she slipped and fell. As a result, she injured her right knee and has problems with the lower back. To my knowledge, the lower back is not a compensable injury; however the right knee is accepted.

Clinical Rationale

There have apparently been two surgeries to the right knee on 11.26.03 and 11.18.04. An MRI and rehabilitative therapies have been reported thus far. She had a designated doctor evaluation that reveals

impairment from gait alteration, circumference loss of the leg and range of motion loss in the right knee. The patient received 7% impairment on the date of 3.8.05 and was placed at MMI.

The claimant at this time has consistent pain levels of around 5. She has a knee that is post-surgical x 2. She has weight issues and has a gait alteration and weakness. It is highly unlikely that pain management is going to change the fact that she is going to more than likely have degenerative changes that are going to alter her function. She has received an adequate opportunity to have rehabilitation and her range of motion and weakness in the injured area has been addressed with rehabilitation and does not need to be repeated with more in house therapy.

The patient, according to the medical records provided, does not require medication to control her pain at this time. This essentially outlines the fact that she is not in need of medication to “manage her pain”.

The “Request for Services” narrative by LPC Intern Marisela Cottrell is not supported by her individual therapy notes spanning February 28, 2005 to April 29, 2005. This record documented preexisting (and unresolved) interpersonal issues, spiritual issues, active alcoholism in her husband; sociopath and drug abuse in her son; and difficulties with her daughter’s rape trauma. These significant complications are not related to the residual impairment or pain from her knee injury. The claimant allegedly expressed a desire to return to work.

In conclusion, she has received adequate post surgical rehabilitation. She has been seen by a DD that did not recommend further care after a personal evaluation. She does not require pain medication to control her symptoms. She has underlying degenerative changes and has weight issues, both affect her condition and outcomes. These will not change with pain management. She is depressed and has noted emotional problems, but it is more than clear that the etiology to this is from family problems with the main figures in her life, including her children and husband and other extended family members. None of these things have anything to do with her work injury. Based upon the medical records, I do not see how 30 days of pain management is going to have a beneficial effect on the patient’s recovery, when she has such far reaching, non-related issues that are contributing to her condition.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers’ clinical experience as a Psychiatrist with over 10 years of experience.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is Board Certified in Psychiatry, and is engaged in the full time practice of psychiatric medicine and pain management.

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

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.

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. A request for hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk 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 and the first working day after the date this Decision was placed in the carrier representative's box (28 Tex. Admin. Code § 102.5 (d)). A request for hearing should be sent to: Chief Clerk of Proceeding/Appeals , P.O. Box 17787, Austin, Texas 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request. The party appealing the Division's Decision shall deliver a copy of this written request for a hearing to the opposing party involved in the dispute.

I hereby verify that a copy of this Findings and Decision was faxed to TWCC, Medical Dispute Resolution department, the requestor (if different from the patient) and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker (the requestor) applicable to Commission Rule 102.5 this 31st day of August, 2005. Per Commission Rule 102.5(d), the date received is deemed to be 5 (five) days from the date mailed and the first working day after the date this Decision was placed in the carrier representative's box.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC:

Cameron Jackson
Attn: Courtney
Fax: 713.527.8558

Travelers
Attn: Jeanne Schafer
Fax: 512.347.7870

[Claimant]