

MCMC

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

Date:	10/26/2005
Injured Employee:	
Address:	
MDR #:	M2-05-2330-01
DWC #:	
MCMC Certification #:	IRO 5294

REQUESTED SERVICES:

Please review: Pre-authorization denied for Chronic Pain Management Program for 30 sessions.

DECISION: Upheld

IRO MCMC llc (MCMC) has been certified by the Texas Department of Insurance Division of Workers' Compensation as an Independent Review Organization (IRO) to render a recommendation regarding the medical necessity of the above disputed service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 10/26/2005, concerning the medical necessity of the above referenced requested service, hereby finds the following:

Deny the pain program for 30 sessions as not medically necessary.

CLINICAL HISTORY:

The injured individual is a 38 year old female with right elbow, wrist, and shoulder complaints and prior elbow surgery. She had physical therapy (PT) post-operatively and recently she had some work conditioning. She had no medications other than Motrin. She had no psych/biofeedback and she has two functional capacity exams (FCEs) noting medium capability with no indication what her old job involved. She had a recent surgical consult recommending shoulder and wrist surgery. The injured individual has not exhausted all possible treatment options at this point nor has she tried any prescription medications. Her pain score is reportedly 1/10 which is minimal and she can function at medium level which may be sufficient to return to work (RTW). For all these reasons stated above, the pain program is denied.

REFERENCE:

Bonica JJ ed. The Management of Pain. Third Edition. Copyright 2000

RATIONALE:

The injured individual is a 38 year old female with date of injury ___ and subsequent right ulnar release in 7/03. The injured individual takes only Motrin and had physical therapy after surgery and sporadically thereafter with the latest round beginning in 6/2005. She had work conditioning sporadically in 9/2004 to 11/2004. She had post-operative MRIs of her elbow which were normal; a post-operative electromyogram (EMG)/nerve conduction velocity study (NCV) was denied as the injured individual had no new neurological signs and a 2004 right shoulder MRI showed a surgical SLAP lesion. The injured individual was referred to a specialist for this in 6/2005 who recommended right shoulder surgery. He also noted a ganglion on the right wrist and recommended removal. The injured individual was denied psychiatric treatment. She had two functional capacity exams (FCEs) mentioned but not supplied and supposedly these indicated a medium job ability. In her physical therapy notes from 8/2005, her pain score is 1/10. She had a pain evaluation in 6/2005 prior to the latest orthopedic consult. This did not note any prior treatment but did note BDI of 17, BDA of 24 and recommended a 30 session pain program. Please note, the injured individual has never tried any medications other than Motrin, did not have psychiatric treatment, and had a recent surgical consult recommending shoulder and wrist surgery which is part of her involved Workers' Compensation body parts. Based on all this, the pain program is denied. The injured individual's pain score is 1/10 on Motrin only; she has a surgical shoulder and wrist which have not been addressed; she has not tried any psychotherapy or medications; and her current functioning status is medium yet her job description is not noted.

RECORDS REVIEWED:

- DWC Notification of IRO Assignment dated 09/14/05
- MR-117 dated 09/14/05
- DWC-49 Review of Medical Care Not Requiring Preauthorization
- DWC-69 Report of Medical Evaluation
- DWC-73 Work Status Reports dated 10/19/04 through 09/16/05
- DWC letter dated 05/20/05
- MCMC: IRO Medical Dispute Resolution Prospective dated 10/14/05
- MCMC: IRO Medical Dispute Resolution M2 Prospective Pre-Authorization dated 09/15/05
- The Hartford: Review Determinations dated 08/04/05, 07/28/05, 07/11/05, 06/10/05, 10/06/04, 08/26/04, 08/18/04, 05/04/04, 03/17/04
- Avance Treatment Clinic: Handwritten Patient Consult dated 07/30/02
- Healthtrust: Request for Reconsideration dated 07/26/05 from Cameron Jackson, D.C.
- Healthtrust: Fax requests for chronic pain management program dated 07/26/05, 07/05/05
- Avance Treatment Clinic: Letters dated 07/25/05, 06/02/05 from Jonathan Twigg, D.C.
- Lonestar Orthopedics: Orthopedic Report dated 07/19/05 from Kenneth Berliner, M.D.
- Avance Treatment Clinic: Letter of Medical Necessity for an NCV/EMG dated 07/11/05 from Jonathan Twigg, D.C.
- Lonestar Orthopedics: Orthopedic Consult dated 06/21/05 from Kenneth Berliner, M.D.

- Avance Treatment Clinic: Handwritten reports dated 06/17/05, 12/27/04
- Avance Treatment Center: Statements for services incurred 06/17/05, 06/16/05
- The Hartford: Fax Cover Page dated 06/16/05 with note from Dawn Hinds
- Avance Treatment Clinic: Elbow Exercise Log dated 06/14/05, 06/15/05, 06/16/05
- Avance Treatment Clinic: Shoulder Exercise Logs dated 06/14/05 through 09/01/05
- Avance Treatment Clinic: Handwritten Daily Rehab Therapy Progress Notes dated 06/14/05 through 09/01/05
- Avance Treatment Center: Shoulder Protocol lists dated 06/14/05 through 09/01/05
- UniMed Direct: Physician Advisor Referral Form dated 06/10
- Churchill Evaluation Centers: Report of Medical Evaluations dated 06/06/05, 10/15/04, 02/26/04 from John Steele, M.D.
- Healthtrust: Fax request for individual psychotherapy sessions dated 06/06/05
- Healthtrust: Fax request for I.T. dated 06/06/05
- Handwritten doctor's note dated 06/03/05
- Healthtrust: Initial Interview dated 06/01/05 from James Flowers, MA-LPC
- Healthtrust: Report dated 06/01/05
- Avance Treatment Center: Initial Report dated 05/31/05 from Jonathan Twigg, D.C.
- Avance Treatment Center: Range of Motion/Muscle Test dated 05/31/05
- Churchill Evaluation Centers: Fax dated 05/25/05 from Martina
- Scott Resig, M.D. Office note dated 04/05/05
- South Denver Imaging: MRI of the left ankle and hind foot dated 03/29/05
- Denver-Vail Orthopedics: Letter dated 03/29/05 from Scott Resig, M.D.
- Denver Vail Orthopedics: Clinic Form dated 03/29/05
- Alivio Treatment Centers: Impairment Evaluation 4th Edition dated 03/28/05 from Luis Marioni, D.C.
- Orthopedic Surgery Associates: Office notes dated 03/23/05, 02/11/05 from Robert Rokicki, M.D.
- Alivio Treatment Centers: Handwritten Daily Consult notes dated 03/16/05, 12/28/04, 11/19/04, 10/19/04
- Colorado Department of Labor and Employment: Physician's Reports of Worker's Compensation Injury dated 03/09/05, 02/25/05, 02/14/05, 02/10/05
- Colorado Rehabilitation & Occupational Medicine: Initial Medical Consultation dated 02/07/05 from Gretchen Brunworth, M.D.
- Alivio Treatment Center: Handwritten Daily Consult note dated 02/03/05
- Colorado Athletic Conditioning Clinic: Handwritten progress notes dated 01/25/05, 01/13/05, 01/11/05
- Colorado Athletic Conditioning Clinic: Physical Therapy Progress Report dated 01/19/05 from Paul Skramstad, P.T.
- Comprehensive Pain Management: Letter dated 01/12/05 from Priscilla
- Orthopedic Surgery Associates: Handwritten note dated 12/28/04
- Orthopedic Surgery Associates: Handwritten report dated 12/28/04
- Alivio Treatment Centers: Letter dated 12/27/04 from Luis Marioni, D.C.
- Handwritten hand/wrist protocol dated 12/27/04

- Oregon Imaging: MRI right shoulder dated 12/01/04
- Page 3 of a Chiropractic Advisor Review dated 11/21/04
- Healthtrust: Work Hardening Interview dated 11/16/04 from James Flowers, MA-LPC
- Alivio Treatment Center: Work Hardening notes dated 10/23/04 through 11/10/04
- Comprehensive Pain Management: Report dated 10/20/04
- Alivio Treatment Centers: Critical Job Component Tolerance Assessment dated 09/30/04 through 11/11/04
- Alivio Medical Center: Daily Work Simulation Log dated 09/30/04 through 11/11/04
- Medical Documentation: Handwritten exam note dated 10/27/04
- Alivio Treatment Centers: Work Conditioning Daily Notes dated 09/27/04 through 11/11/04
- Open MRI of West Texas: MRI of the right elbow dated 05/05/04
- Denver Vail Orthopedics: Undated Outpatient Testing Request

The reviewing provider is a **Licensed/Boarded Pain Management/Anesthesiologist** and certifies that no known conflict of interest exists between the reviewing **Pain Management/Anesthesiologist** and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO. The reviewing physician is on DWC's Approved Doctor List.

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 TDI/DWC 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 TDI/DWC 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 Department of Insurance Division of Workers' Compensation
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

26th day of October 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____