



Specialty Independent Review Organization, Inc.

August 3, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-1898-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Pain Management. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

According to the medical records, the patient was injured on ___ while working as a plumber for the _____. The patient had been working for this company for 1.5 years. His left 4th digit was crushed between a toolbox and a steel tank. It is noticeable that this patient is left hand dominant and Spanish speaking only with limited education. He was taken to the emergency room and was treated by Dr. Rosen with surgical ORIF. He presented with a fracture of the left 4th intermediate phalanx and underwent the open reduction and internal fixation on an emergency basis. He was then treated with medications and physical therapy. Due to persistent pain and limitations, he was referred to Dr. Varon, hand specialist, and underwent directed physical therapy for the hand. He continued to show lack of improvement and then he underwent an MRI and EMG studies. The MRI revealed deformity of a minimally displaced fracture of the middle phalanx of the 4th digit with a tear of the radial collateral ligament. The EMG study was normal. The patient continues with prescription medications of Darvocet and Motrin.

He then reached a plateau in regards to improvement and treatment options with the hand specialist. The patient initiated a work hardening program in Feb of 2005, but could not complete the program due to severe limitation and exacerbation of pain. The patient continued to refer pain in the left 3rd, 4th and 5th digits of the left hand with radiation superiorly to the shoulder. His range of motion to flexion particularly of the 4th digit is significantly limited. The prognosis continued to be guarded for this patient. The patient continued to perform at a medium PDL and his work as a plumber required a heavy PDL.

After the patient was removed from work hardening, he was placed in a chronic pain management program to address any relevant psychosocial issues such as patient's apparent obsession with his perceived disability and constant symptoms of his left upper extremity. The patient was placed on Zoloft and reported to improve. The patient was referred to a pain management physician, Dr. Shanti, who only recommended further conservative treatment. However, Dr. Ko, RME evaluator, stated that the patient might need tenolysis and capsulotomies at a later date to increase his range of motion.

RECORDS REVIEWED

General Records

- Notification of IRO Assignment dated 06-17-05
- Receipt of MDR Request dated 06-17-05
- MDR Request dated 05-31-05
- Initial Pre-Authorization Denial dated 04-19-05
- Reconsideration Pre-Authorization Denial dated 05-13-05

Records from the carrier

- MDR Request dated 05-31-05
- Initial Pre-Authorization Denial dated 04-19-05
- Reconsideration Pre-Authorization Denial dated 05-13-05
- Summary of Carrier's Position dated 06-15-05
- Letter from Scott Bouton (legal counsel) to SIRO dated 07-01-05
- MRI of left hand dated 11-11-04
- EMG/NCV of left upper extremity dated 11-11-04
- Operative note for ORIF of left ring finger dated 08-02-04 by Dr. Rosen
- HDI Physical Demands Analysis Form dated 08-12-04
- Daily progress note from ... (not legible) Clinic of North Houston from John Taylor, D.C. dated 08-09-04
- Office note from Dr. McMillan dated: 08-30-04
- RME from Dr. Ko, orthopedics, dated 04-20-05

Records from the doctor

Notification of IRO Assignment dated 06-17-05
Receipt of MDR Request dated 06-17-05
MDR Request dated 05-31-05
Initial Pre-Authorization Denial dated 04-19-05
Reconsideration Pre-Authorization Denial dated 05-13-05
TWCC 73 form dated 08-30-04, 09-08-04, 10-07-04, 11-09-04, 12-17-04, 01-14-05, 02-14-05, 03-07-05, 04-20-05, 04-04-05, 05-03-05, 05-31-05, 06-28-05
FED EX Shipping label 06-17-05, 05-31-05
TWCC form dated 08-30-04
Request for reconsideration letter dated 05-09-05 from Dr. McMillan
Operative progress record dated 08-22-04 from Houston Northwest Medical Center with operative note for ORIF 4th digit left hand by Dr. Rosen
X-rays of left hand dated 10-14-04
FCE dated 11-05-04, 01-17-05, 02-09-05
MRI of left hand dated 11-11-04
EMG/NCV of left upper extremity dated 11-11-04
Office note from Dr. Rosen, orthopedics, dated 08-10-04, 08-17-04,
Office note from Dr. McMillan dated: 08-30-04, 09-08-04, 10-07-04, 11-09-04, 12-17-04, 01-14-05, 02-14-05, 03-07-05, 04-04-05, 05-31-05
Office note from Dr. Varon, hand surgeon, dated 09-13-04, 11-04-04, 01-10-05
Office note from Dr. Dipti Patel, DC dated 09-16-04
Office note from Dr. Shanti dated 03-11-05, 04-08-05
RME from Dr. Ko, orthopedics, dated 04-20-05
Referral for physical therapy to the Houston Hand Clinic dated 09-13-04, 11-04-04 (including splinting and flexion LRF), 01-10-05
Physical therapy progress note from Pain and Recovery Clinic of 11-29-04, 01-11-05
Work Hardening assessment dated 01-19-05
Work Hardening evaluation from Pain and Recovery Clinic dated 01-26-05, 02-10-05
Mental Health Evaluation dated 02-23-05 by Denise Turboff
Work Hardening Discharge report from Pain and Recovery Clinic dated 02-24-05
Pain and Recovery Clinic concurrent report of psychological treatment dated 03-15-05, 03-29-05, 04-11-05

REQUESTED SERVICE

The requested service is a 20 (160 hour) session chronic pain management program.

DECISION

The reviewer disagrees with the previous adverse determination regarding a 10 session (80 hour) chronic pain management program.

BASIS FOR THE DECISION

In summary, it is the provider's responsibility to establish medical necessity in the request for treatment at this review level. The reviewer does believe that the documentation provided does support the modified medical necessity for an extension of 10-session chronic pain management program. This having been said, the reviewer feels that treatment beyond this would need to be strongly substantiated since this would further exceed established standards of psychological care. This patient could primarily benefit from the behavioral intervention of this program. He has undergone all avenues of conservative care and is post-operative one year.

This patient is at a severe disadvantage in this case in regards to social stressors since his communication is limited by his primary language and educational level. This had contributed to the patient's anxiety due to his overwhelming concern of returning to work in the same capacity given the permanent impairment of his dominant hand. It appears that the patient has received adequate treatment for his injury in regards to conservative treatment and medication, including the anti-depressant, which is medically necessary for this patient. The patient continues with significant limitation due to mechanical range of motion and pain secondary to his complex fracture. His prognosis is guarded to further improvement in this respect. The reviewer feels that a chronic pain management program has been beneficial in assisting this patient in accepting and coping with his degree of permanent impairment. The treatment for his depression and anxiety are also valid given the extent of his injury. The patient's records indicate improvement in regards to socialization as well as decreased obsessive behavior and isolation.

However, in reviewing the goals of the additional requested sessions, the reviewer is unsure if these will provide the patient with any significant functional benefit to some degree. For example, the reviewer does feel that the patient will need the continued use of an analgesic for his chronic pain and possible development of nerve-mediated pain secondary to his crush injury. Therefore, the goal of eliminating his need for analgesic is not medically reasonable for this patient at this time. The medical records do not document any misuse or overuse of his medications at any time during his treatment, or a tendency to do so. The reviewer feels that by assisting the patient in returning to an active lifestyle the concern of possible relapse would be greatly reduced since his greatest source for depression and anxiety are directly related to his concern of decreased functional status. Therefore, further goals in this regard would not impact the patient's functional ability at this point. The reviewer does feel that the goals of consolidating coping skills, decreasing depression and anxiety as well as vocation retraining are reasonable in this patient's case. The reviewer indicates however that 20 sessions would be excessive treatment for the realistic psychological goals for this patient and exceed treatment guidelines.

Nonetheless, the reviewer does feel that he would benefit from the lacking 5 sessions of his original treatment plan and 5 more sessions to further orient the patient in possibilities for vocational retraining if necessary. There is no evidence of malingering in this patient and his symptomatic complaints seem genuine and directly related to his work related injury. He does

continue to present pain behavior in regards to adjustment to activities of daily living as well as persistent depression and anxiety.

In terms of established guidelines, the American Academy of Pain Management does recognize the medical necessity of this treatment with various parameters. This patient meets criteria for the following: disrupted ADL due to emotional dysfunction, perceived permanent loss of functioning, the mental impairment has exceeded expectation, and response to mental health treatment has continued beyond expected time frame.

In terms of vocational training, a primary source of the patient's anxiety is related to his perceived inability to return to his normal duties. He does present with a self-image of disability, which needs to be addressed. Due to his limitations with English, he will probably not be accepted into TRC vocational retraining programs. Due to his pathology, he will either need to return to modified work duties or obtain alternate work. Although the patient is able to reach medium physical demand levels, the reviewer does not feel that he will be able to comply with his ordinary duties without exacerbation of symptoms; however, the possibility may exist for modification at his work site.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes 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 (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization 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 4th day of August 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli