

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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 October 25, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

**REVIEWER'S REPORT
M2-05-2273-01**

Information Provided for Review:

DWC-60, Table of Disputed Services, EOB's

From Requestor:

Correspondence
Office Notes 04/07/05 – 06/29/05
PT Notes 06/15/05

From Respondent:

Correspondence
Designated Review

Treating Chiro:

Office Notes 12/19/04 – 08/18/05
PT Notes 01/06/05 – 08/16/05
Functional Capacity Eval 03/25/05
Nerve Conduction Study 03/10/05
OR Reports 05/20/05
Radiology Report 12/21/05 – 04/20/05

Orthopedics:

Office Visit 12/23/04
OR Report 12/29/04

Pain Management:

Office Notes 02/21/05 – 04/20/05

Clinical History:

This female patient sustained a work-related injury to her right wrist while performing her duties as a housekeeper for the _____ on _____. She stated that she fell down a flight of stairs and landed on her right wrist. An x-ray was performed and showed that her right wrist was fractured in 3 places. She underwent surgery on 12/29/04 with surgical artifact placed in her wrist. She received surgery again on 02/07/05 to remove the hardware. She was given an injection and an MRI scan in March 2005. The MRI scan revealed a healing comminuted fracture to the distal radius and radial and ulnar fractures. An upper extremity EMG/NCV study was also performed in March 2005, which revealed a compressive demyelination process at the median nerve at the wrist. She had an additional surgery Dr. Ippolito on 05/20/05 on her right wrist.

Disputed Services:

The preauthorization request for individual psychotherapy one time a week for six weeks.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion the treatment in dispute as stated above is not medically necessary in this case.

Rationale:

It appears from the notes that were provided for this review that this patient had a postoperative rehab but did not participate in any active rehab, work conditioning or work hardening. The psychological component in which the services are disputed in this case would be addressed in any work conditioning and work hardening program. It appears that this psychological component or psychotherapy was addressed too soon in the patient's care. It appears from the notes that the patient appears apprehensive about her recovery, although this would be addressed in any active rehab, work conditioning, or work hardening to show that the patient would be able to perform functionally up to her job tasks after successfully completing any type of work conditioning or work hardening program. Within these programs, the mental aspects are addressed, which would be covered from the psychotherapy sessions within the work hardening and work conditioning programs. The work hardening and work conditioning programs are delineated to address the psychological components in the Texas Workers' Compensation Commission Upper Extremity Treatment Guidelines, subsection 134.1002, and the Texas Guidelines for Quality Assurance and Practice Parameters.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

1. Texas Guidelines for Quality Assurance and Practice Parameters
Texas Workers' Compensation Commission Upper Extremity Treatment Guidelines, rule 134.1002