

January 19, 2006

VIA FACSIMILE  
Healthfirst Chronic Pain Management  
Attention: Courtney

VIA FACSIMILE  
Federal Insurance Company/Downs & Stanford PC  
Attention: John Schkade

**NOTICE OF INDEPENDENT REVIEW DECISION**

**RE: MDR Tracking #: M2-06-0214-01**  
**DWC #: \_\_\_\_\_**  
**Injured Employee: \_\_\_\_\_**  
**Requestor: Healthtrust Chronic Pain Management**  
**Respondent: Federal Insurance Company/Downs & Stanford PC**  
**MAXIMUS Case #: TW05-0222**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. The TDI, Division of Workers Compensation (DWC) has assigned this case to MAXIMUS in accordance with Rule §133.308, which allows for a dispute resolution by an IRO.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This case was also reviewed by a practicing chiropractor on the MAXIMUS external review panel who is familiar with the condition and treatment options at issue in this appeal. This physician is board certified in neurosurgery. The reviewers have met the requirements for the approved doctor list (ADL) of DWC or have been approved as an exception to the ADL requirement. A certification was signed that the reviewing providers have no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO, was signed. In addition, the MAXIMUS physician reviewers certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns an adult male who sustained a work related injury on \_\_\_\_\_. The patient reported that he slipped in a puddle of water and fell with his shoulder striking a door jam that resulted in a closed distal clavicle fracture. Diagnoses included closed fracture of clavicle, lumbar sprain, left shoulder rotator cuff tendonitis, myalgia/myositis and adjustment disorder

with mixed anxiety and depressed mood, chronic. Evaluation and treatment have included medication, chiropractic treatment and x-rays.

### Requested Services

Preauthorization Request for individual therapy 1XWK X 8 WKS.

### Documents and/or information used by the reviewer to reach a decision:

#### *Documents Submitted by Requestor:*

1. Healthtrust Request for Reconsideration, Pain Management Form and Letter of Medical Necessity – 8/22/05
2. Healthtrust Initial Interview – 6/28/05
3. Chiropractic Professionals Records – 6/8/05-6/24/05
4. Orthopaedic Associates of Corpus Christi Records – 6/21/05
5. Records from Abimael Perez, MD – 6/14/05

#### *Documents Submitted by Respondent:*

1. Healthtrust Request for Reconsideration, Request for Individual Psychotherapy Sessions, Pain Management Form and Letter of Medical Necessity – 8/22/05
2. Healthtrust Initial Interview – 6/28/05
3. Chiropractic Professionals Records – 6/8/05-6/24/05
4. Orthopaedic Associates of Corpus Christi Records – 6/21/05
5. Records from Abimael Perez, MD – 6/14/05
6. SRS Review Notifications – 8/8/05, 9/14/05

### Decision

The Carrier's denial of authorization for the requested services is upheld.

### Standard of Review

This MAXIMUS determination is based upon generally accepted standard and medical literature regarding the condition and services/supplies in the appeal.

### Rationale/Basis for Decision

The MAXIMUS chiropractor consultant indicated there is inconsistency regarding the member's diagnosis. The MAXIMUS chiropractor consultant noted that in a 6/21/05 report, the member's orthopedic surgeon wrote that the member was seen in the emergency room where radiographs did not reveal evidence of fracture or dislocation. The MAXIMUS chiropractor consultant explained that in this same report, the orthopedic surgeon wrote that there was no evidence of acute fracture or dislocation. The MAXIMUS chiropractor consultant also indicated that the treating doctor wrote in his own x-ray report dated 6/8/05, "healing fracture of a distal clavicle" and another orthopedic surgeon who saw the patient on 6/14/05 indicated the member's primary diagnosis was closed fracture of clavicle. The MAXIMUS chiropractor consultant noted that although there is a reference in the medical records regarding an MRI of the left shoulder having been performed, no such report was available for review.

The MAXIMUS chiropractor consultant indicated the member's injury occurred on \_\_\_\_ and he was subsequently treated by medical doctors for approximately one month. The MAXIMUS chiropractor consultant also indicated the member changed treating doctors and presented himself to a doctor of chiropractic on 6/8/05 who provided passive modalities only and made orthopedic referrals. The MAXIMUS chiropractor consultant noted on 6/28/05, only 20 days after the onset of his care, this treating chiropractor referred the member for a psychological evaluation. The MAXIMUS chiropractor consultant explained that the documentation provided is devoid of any reference to active therapy, manipulation, or home exercises being attempted. The MAXIMUS chiropractor consultant also indicated there was also no record of a trial of antidepressant medication prior to the request for individual counseling. The MAXIMUS chiropractor consultant indicated this abrupt referral for such intensive therapy is premature and unsupported.

Therefore, the MAXIMUS chiropractor consultant concluded that the request for individual therapy 1XWK X 8 WKS is not medically necessary for treatment of the member's condition at this time.

### **Your Right To Appeal**

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

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.

Sincerely,  
**MAXIMUS**

Lisa Gebbie, MS, RN  
State Appeals Department

cc: Division of Workers Compensation  
Fernando Cervantes

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 19th day of January 2006.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department