



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0348-01
Social Security #: _____
Treating Provider: Lawrence Lenderman, M.D.
Review: Chart
State: TX

Review Data:

- Notification of IRO Assignment dated 11/17/05, 1 page.
- Receipt of Request dated 11/17/05, 1 page.
- Medical Dispute Resolution Request/Response dated 11/7/05, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Notice of Pre-Authorization dated 9/27/05, 9/14/05, 2 pages.
- Request For An Appeal dated 9/24/05, 3 pages.
- Prescription dated 9/9/05, 8/18/04, 2 pages.
- Response to IRO Records Request dated 11/23/05, 4 pages.
- Article Regarding Directions in Prescriptive Chronic Pain Management Based on Diagnostic Characteristics of the Patient (date unspecified), 20 pages.
- Fax Cover Sheet dated 12/12/05, 11/28/05, 2 pages.
- Follow-up Visit dated 9/21/05, 6/22/05, 3/23/05, 12/22/04, 10/25/04, 8/18/04, 7/7/04, 4/5/04, 1/26/04, 12/15/03, 12/1/03, 11/3/03 12 pages.
- Texas Workers' Compensation Work Status Report dated 9/21/05, 6/22/05, 3/23/05, 10/25/04, 8/18/04, 8/3/04, 7/7/04, 6/1/04, 3/8/04, 1/26/04, 12/15/03, 12/1/03 12 pages.
- Upper Extremity Impairment Evaluation Record dated 6/22/05, 1 page.
- Report of Medical Evaluation dated 6/22/05, 1 page.
- Upper Extremity Evaluation dated 10/25/04, 8/18/04, 7/7/04, 6/1/04, 5/3/04, 4/5/04, 3/8/04 7 pages.
- Employment Release Form (date unspecified), 1 page.
- Examination dated 10/20/03, 2 pages.
- Operative Report dated 5/20/04, 2 pages.
- Chest X-ray dated 5/20/04, 1 page.
- Progress Report (date unspecified), 1 page.
- Hospital Visit dated 5/20/04, 2 pages.

CORPORATE OFFICE

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Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for 10 initial sessions of chronic behavioral pain management, 8 hours a day, 5 days a week for 10 days.

Determination: UPHELD - previously denied request for 10 initial sessions of chronic behavioral pain management, 8 hours a day, 5 days a week for 10 days.

Rationale:

Patient's age: 48 years

Gender: Female

Date of Injury: ____

Mechanism of Injury: Fell forward, landing on both knees, and hit right shoulder.

Diagnoses: 12/9/03 arthroscopy right knee, partial medial and lateral meniscectomies, chondroplasty of the patella and MFC.
Status post 5/20/04 arthrotomy right shoulder; Neer acromioplasty and Mumford distal clavicle resection.

The medical records begin with a 10/20/03 office visit with Dr. Lenderman. The claimant was seen for right shoulder pain and some bilateral knee pain, following her injury at work. An MRI of the right shoulder showed changes in the supraspinatus tendon with a type III acromion consistent with impingement; she also had some acromio-clavicular joint changes. An MRI of the left knee revealed some patellofemoral joint changes. An MRI of the right knee demonstrated torn lateral and medial menisci. The diagnoses were impingement syndrome right shoulder; internal derangement right knee and chondromalacia patella left knee. On 12/09/03, the claimant underwent arthroscopy of the right knee, partial medial and lateral meniscectomies and chondroplasties of the patella and medial femoral condyle. On 05/20/04, an arthrotomy of the right shoulder, Neer acromioplasty and Mumford distal clavicle resection was performed. The claimant did well postoperatively. The claimant was released to light duty on 07/16/04. As of 08/18/04, Dr. Lenderman noted that the right knee was doing fairly well; she was working light duty. Shoulder motion was excellent with 160 degrees of flexion and 150 degrees of abduction. The physician did not feel she would require a functional capacity evaluation or work conditioning/work hardening. She was to continue light duty. Medications were Bextra and Ultracet. On 10/25/04, Dr. Lenderman documented some discomfort in the right knee. The right shoulder had good range of motion, but still mild pain. The left knee had some swelling, subpatellar pain and medial pain. On 03/23/05, the claimant had good functional range of motion of the shoulder. She had bilateral knee pain with some crepitation, bilaterally. On 06/22/05 the claimant was placed at maximum medical improvement. Shoulder flexion was 160 and abduction was 150. She was to continue light duty, Celebrex and Ultracet. On 09/09/05, there was a request from Baxter County Healthcare for 10 sessions of Behavioral Chronic Pain Management Program. This was denied on peer reviews of 09/14/05 and 09/27/05. The request has been appealed. The letter of appeal has been submitted, as well as an attorney generated letter addressing the efficacy of chronic pain management programs. This reviewer cannot recommend the proposed pain management program as being medically necessary for this claimant, as a result of her ____ Workers' Compensation injury. The claimant had ongoing pain

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complaints that were primarily, by all the records, psychological in nature. She was seen by Dr. Lenderman on 06/22/05, and was found to have reached maximum medical improvement with a 15 percent whole person impairment for both her right shoulder and both of her knees. At least from an orthopedic standpoint, she had indeed reached maximum medical improvement. No further treatment is likely to show any significant further improvement, and this pain program is not likely to make any significant change in the claimant's overall orthopedic evaluation or condition. The previous reviews were done by Psychologists, both of whom indicated that they did not see the need for the pain program, because the claimant had not had initial psycho-therapy or other psychological treatments. This reviewer specifically declines to discuss the psychological issues because these are outside the realm of expertise of this reviewer. From an orthopedic standpoint, the proposed pain management program is not likely to lead to any significant improvement in the claimant's functional capabilities, nor will it change her whole person impairment rating. Again, this claimant has been found to have reached maximum medical improvement and this reviewer does not disagree with that evaluation.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.
ACOEM Guidelines, 2nd Edition, Chapter 6.

Physician Reviewers Specialty: Orthopedics

Physician Reviewers Qualifications: Texas licensed M.D. in Orthopedic Surgery, and is currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.

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.

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