

February 8, 2006

VIA FACSIMILE  
Healthrust, LLP  
Attention: Courtney

VIA FACSIMILE  
Valley Forge insurance Company  
Attention: James Cassidy

### NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-06-0630-01**  
**DWC #:**  
**Injured Employee:**  
**Requestor: Healthrust, LLP**  
**Respondent: Valley Forge Insurance Company**  
**MAXIMUS Case #: TW06-0011**

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 physician 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 had a work related injury on \_\_\_\_\_. The patient reported that while working with water pipes he reached behind to pull a water pipe forward with his right arm and felt a pop and tear in his right shoulder. He also reported pain in his right should and limited range of motion since that time. Diagnoses included a right rotator cuff tear, anxiety and

depression. Evaluation and treatment have included EMG studies, MRIs, physical therapy, medications, surgery, pain management and psychotherapy.

### Requested Services

Preauthorization for 30 sessions of chronic pain management.

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

#### *Documents Submitted by Requestor:*

1. Request for Medical Dispute Resolution – 1/26/06
2. Request for Reconsideration – 12/19/05
3. Healthtrust Letter of Medical Necessity – 10/12/05
4. Healthtrust Addendum to 9/14/05 Report – 10/17/05
5. Pain Management Clinic Records – 7/18/05-11/14/05
6. Orthopedic Records – 3/4/02-7/16/02

#### *Documents Submitted by Respondent:*

1. Review Determination Notices – 7/18/01, 12/13/05
2. Medical Record Chronology – not dated
3. Orthopedic Records and Reports – 5/14/99-10/15/02
4. Initial Medical Report – 5/28/99
5. Diagnostic Study (i.e., MRIs, EMG/NCV, etc.) Reports – 11/22/96, 1/17/97, 3/26/97, 7/24/97, 8/27/97, 7/24/01
6. Orthopedic Rehabilitation Institute Records – 5/15/01- 7/16/02
7. Behavioral Health Records – 10/31/97-12/19/05
8. Chiropractic Records – 6/28/01
9. Orthopedic Records – 12/13/96-10/7/02
10. Physical Medicine and Therapy Records – 11/18/96-11/24/99
11. Operative Reports – 2/14/97, 4/3/97
12. Closure Reports – 4/1/97, 8/27/97, 2/4/98
13. Rehabilitation Progress Reports and Documentation – 5/28/97-2/12/98
14. Neurology Records – 7/16/97-11/19/97
15. Pain Center Records – 11/7/97-11/19/97
16. Functional Capacity Evaluation – 12/8/97
17. Impairment Evaluation Report – 4/3/98
18. Impairment Rating Report – 4/9/98

### 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 the patient hurt his shoulder 9 years ago and had 2 surgeries and numerous types of therapy, medications, injections, etc without significant benefit. The MAXIMUS chiropractor consultant noted he was placed in a work hardening program that lasted 3-4 days as he left the country and failed to complete the program. The MAXIMUS chiropractor consultant also noted he was not found to be a suitable candidate in 2001 for chronic pain management. The MAXIMUS chiropractor consultant explained the patient switched treating doctors in July 2005 and started therapy again with no change in his pain or function. The MAXIMUS chiropractor consultant indicated he was given a trail of spinal cord stimulation that he ultimately refused to use. The MAXIMUS chiropractor consultant noted that the patient is non-compliant and there is no objectively scored psychological testing documenting prognosis for improvement. The MAXIMUS chiropractor consultant indicated the longer he goes without having a decrease of pain, the less likelihood there is for improvement. The MAXIMUS chiropractor consultant noted that the requested services are not likely to improve his condition given his history of previous trials with similar therapies. The MAXIMUS chiropractor consultant also noted that medical necessity for the requested services can not be established in this case. (Rome J, et al. Clinical Practice Guidelines for Chronic Non-malignant Pain Syndrome Patients II. 2004)

Therefore, the MAXIMUS chiropractor consultant concluded that the requested 30 sessions of chronic pain management are not medically necessary for treatment of the member's condition.

### 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

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 8th day of February 2006.

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