



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1212-01
Social Security #: _____
Treating Provider: Dean McMillan, MD
Review: Chart
State: TX
Date Completed: 6/8/06

Review Data:

- **Notification of IRO Assignment dated 5/3/06, 1 page.**
- **Receipt of Request dated 5/3/06, 1 page.**
- **Medical Disputed Resolution Request/ Response dated 4/12/06, 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 3 pages.**
- **Review Determination dated 3/8/06, 2/14/06, 2 pages.**
- **Texas Workers' Compensation Work Status Report dated 4/4/06, 11/10/05, 8/31/05, 7/27/05, 3/21/05, 5 pages.**
- **Fax Cover Sheet dated 4/4/06, (date unspecified), 2 pages.**
- **Report of Medical Evaluation dated 2/21/06, 4/27/05, 8 pages.**
- **Review of Medical History and Physical Examination dated 2/21/06, 2 pages.**
- **Follow-up Evaluation dated 8/31/05, 7/27/06, 6/30/05, 2/16/05, 8 pages.**
- **Initial Evaluation dated 3/21/05, 2/15/05, 2/12/05 9 pages.**
- **Daily Progress Note dated 3/9/06, 3/7/06, 3/6/06, 3/4/06, 3/1/06, 1/3/06, 12/29/05, 12/28/05, 12/27/05, 12/22/05, 12/21/05, 12/19/05, 12/16/05, 12/14/05, 12/12/05, 11/30/05, 11/29/05, 11/28/05, 11/25/05, 11/22/05, 11/21/05, 11/17/05, 11/16/05, 11/14/05, 11/11/05, 11/10/05, 11/8/05, 11/3/05, 10/17/05, 10/14/05, 10/12/05, 10/11/05, 10/7/05, 10/5/05, 10/3/05, 9/30/05, 9/29/05, 9/27/05, 9/19/05, 9/16/05, 9/15/05, 9/12/05, 9/8/05, 9/6/05, 9/2/05, 8/31/05, 8/29/05, 8/25/05, 48 pages.**
- **Subsequent Medical Report dated 3/7/06, 1/10/06, 11/22/05, 11/10/05, 10/11/05, 9/6/05, 6 pages.**
- **Request for Reconsideration dated 3/14/06, 1 page.**
- **Follow-up Report dated 1/9/06, 10/10/05, 8/11/05, 8/18/05, 4 pages.**
- **Electrodiagnostic Evaluation dated 12/20/05, 4 pages.**
- **Mental Health Evaluation dated 11/28/05, 5 pages.**
- **Review Determination dated 12/1/05, 1 page.**
- **Initial Medical Report dated 8/23/05, 2 pages.**
- **Physical Medicine Referral dated 8/18/05, 1 page.**
- **Post Surgical Evaluation dated 8/25/05, 8/23/05, 4 pages.**
- **Operative Report dated 8/5/05, 1 page.**
- **Anesthesia Record dated 8/5/05, 1 page.**

- **Initial Consultation Report and Findings dated 7/14/05, 1 page.**
- **Office Visit dated 3/1/05, 2/12/05, 2 pages.**
- **Patient Demographics (date unspecified), 1 page.**
- **Treatment Note dated 7/21/05, 7/20/05, 7/12/05, 7/8/05, 7/5/05, 5/26/05, 5/19/05, 5/16/05, 5/12/05, 5/6/05, 5/4/05, 5/2/05, 4/29/05, 4/27/05, 4/25/05, 15 pages.**
- **Daily Exercise Sheet-Hand/Wrist dated 5/6/05, 5/4/05, 5/2/05, 4/29/05, 4/27/05, 4/25/05, 4 pages.**
- **Letter of Medical Necessity (date unspecified), 3 pages.**
- **Follow-up Consultation dated 6/14/05, 4/14/05, 4 pages.**
- **Range of Motion Examination dated 4/19/05, 3/22/05, 9 pages.**
- **Initial Office Consultation dated 3/17/05, 1 page.**
- **Left Wrist CT Scan dated 3/3/05, 1 page.**
- **Left Wrist X-ray dated 2/17/05, 1 page.**
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Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for chronic pain management program, 20 sessions – 97799-CP.

Determination: UPHELD - the previously denied request for chronic pain management program, 20 sessions – 97799-CP.

Rationale:

Patient's age: 39 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: Transferring multiple cheesecakes from one tray to another, and in the course of this repetitive work activity, he sustained left wrist pain and swelling.

Diagnosis: de Quervain's disease.

This 39-year-old right-handed male sustained an industrial repetitive motion injury to the left wrist on ____, as indicated above. He came under the care of Ernest Roman, M.D. as of February 15, 2005. A CT scan of the left wrist was recommended. A subsequent orthopedic evaluation by Dr. Jarolimek, dated March 1, 2005, determined a diagnosis of left wrist tenosynovitis. On March 3, 2005, a left wrist CT scan was performed demonstrating nonspecific osseous perforation at the dorsal aspect of the base of the third metacarpal bone. Due to failure of conservative management, the claimant underwent a left de Quervain's release on August 5, 2005, by Dr. Jacob Varon.

The claimant remained symptomatic postoperatively. The claimant also continued orthopedic follow-up care with Dr. Lubor Jarolimek on May 17, 2005. He was diagnosed as having de Quervain's tenosynovitis of the left wrist times three months, and torus fracture – lateral radial metaphysis healed. On that date, Dr. Jarolimek injected the left de Quervain's syndrome with 1 cc of dexamethasone. If this did not provide benefit, then he would recommend surgical release of the de Quervain's syndrome. After the August 5, 2005 surgical decompression of the de Quervain's syndrome, the claimant was evaluated by Dean McMillan, M.D., of the Pain and

Recovery Clinic of North Houston. The claimant had received previous physical rehabilitation under the provision of a chiropractor at that particular facility.

The claimant also received previous treatment at the Downtown Performance and Rehabilitation Facility in Houston, which began as of February 15, 2005, under the direction of David L. Singleton. Dr. Singleton recommended continuation of Flexeril and Ultracet. He also recommended that the claimant return to Dr. Jarolimek. for continued orthopedic follow-up.

A mental health evaluation was performed by Denise Turboff, M.Ed, LTC, dated November 28, 2005. The claimant was found to be an appropriate candidate for a chronic pain management program, to include psychotherapy, group psychotherapy, biofeedback, occasional counseling, nutritional counseling, exercise, aquatic therapy, and physical therapy. The goal for this program would be to decrease the intensity of subjective pain, decrease the use of medication, increase his ability to manage his pain, decrease symptoms of depression and anxiety, improve range of motion, flexibility, muscle tone, and increase the likelihood that he would return to work. The group and staff help the claimant to increase his motivation and help him to accept and adjust to his injury.

Dr. McMillan – Medical Director for Pain and Recovery Clinic of North Houston requested 20 sessions of a chronic pain management program. This was subsequently non-certified and is now under external review. The prior non-certification was dated February 14, 2006.

In summary, the requested 20 sessions of chronic pain management is non-certified because of this particular condition involving a focal anatomical region of the left upper extremity and would not be considered responsive to this type of treatment program. There is a major superimposed degree of depression, which is best treated with psychotherapy and medication management and does not require of the requested 20 sessions of chronic pain management.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.

Cochran Review in the Cochran Library, Issue #2, 2003, Biopsychosocial Rehabilitation for Upper Limb Repetitive Strain Injuries in Working Age Adults, authored by Karjalainen K. This reference is mentioned in the previous denial dated March 8, 2006 and this is an adverse determination based upon the medical reference as listed above.

Physician Reviewers Specialty: Pain Management and Rehabilitation

Physician Reviewers Qualifications: Texas licensed D.O. and is also 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.