CompPartners Final Report

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

Claimant Name: ___
Texas IRO # : ___
MDR #: M2-06-1341-01
Social Security #: ___
Treating Provider: Richard Lee Puckett, DC
Review: Chart
State: TX
Date Completed: 6/15/06

Review Data:

- **Notification of IRO Assignment dated 5/17/06, 1 page.**
- **Receipt of Request dated 5/17/06, 5/4/06, 2 pages.**
- **Medical Dispute Resolution Request/Response dated 5/1/06, 1 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Fax Cover Sheet dated 6/7/06, 4/17/06, 2/31/06, 3 pages.**
- **Carrier's Statement dated 6/7/06, 2 pages.**
- **Office Visit dated 5/22/06, 4/6/06, 2 pages.**
- **Requestor's Position Regarding Pre-Authorization dated 5/11/06, 4 pages.**
- **Notice of Disputed Issues dated 4/27/06, 3/6/06, 2 pages.**
- **Utilization Review Findings dated 4/24/06, 2 pages.**
- **Left Shoulder MRI dated 4/17/06, 1 page.**
- **Left Shoulder Arthroscopy dated 4/17/06, 1 page.**
- **Reconsideration: Behavioral Health Individual Psychotherapy Preauthorization Request dated 4/17/06, 3 pages.**
- **Letter to Provider dated 4/5/06, 2 pages.**
- **Behavioral Health Individual Psychotherapy Preauthorization dated 3/31/06, 1 page.**
- **Initial Behavioral Medicine Consultation dated 3/27/06, 5 pages.**
- **Workers' Compensation Patient Information (date unspecified), 1 page.**
- **Report of Medical Evaluation dated 1/19/06, 1 page.**
- **Examination dated 1/19/06, 1 page.**
- **Operative Report dated 10/19/05, 2 pages.**
- **Progress Notes dated 7/12/05, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for individual psychotherapy, once a week for four weeks.

Determination: REVERSED - the previously denied request for individual psychotherapy, once a week for four weeks.

Rationale:

Patient's age: 42 years
Gender: Male
Date of Injury: ___
Mechanism of Injury: Sustained a left shoulder and elbow injury after a slip and fall off of a 4-foot loading dock, while getting out of his rig.

Diagnoses: Multiaxial diagnoses: Axis I 307.89 Pain disorder associated with both psychological factors and general medical condition, chronic and rule out 296.21 major depressive disorder, single episode, mild, Axis II 718.01. Left shoulder internal derangement, 953.0 Injury to the cervical nerve root and 847.1 thoracic sprain strain, Axis IV primary support group and occupation issues and AXIS V is GAF: 60 and pre-injury GAF at 85.

The dispute resolution arises out of a denial for 4 sessions of individual psychotherapy, which was denied on 3/31/06. There was an initial behavioral medicine consultation performed on 3/27/06 by Tracey Duran, MS, LPC, LMFT, which indicated that the patient is currently taking medications for management of Leukemia, diabetes, and hypertension. In the past, he had taken cyclobenzaprine and medications for migraines. He related his pain at 4/10 to 7/10. He reported symptoms of difficulty with activities of daily living (ADL's), changed relationships, sleep disturbance, difficulty coping with injury related problems, depression including anhedonia, fatigue or loss of energy, and diminished ability to think or concentrate. He had no history of past mental disorders. His mental diagnoses included multiaxial diagnoses: Axis I 307.89 Pain disorder associated with both psychological factors and general medical condition, chronic and rule out 296.21 Major depressive disorder, single episode, mild, Axis II 718.01 Left shoulder internal derangement, 953.0 Injury to the cervical nerve root and 847.1 thoracic sprain strain, Axis IV primary support group and occupation issues and AXIS V is GAF: 60 and pre-injury GAF at 85.

The appeal letter, which was dated 5/11/06, from Phil Bohart, MS, CRC, LPC indicated that the "claimant is working a light duty schedule with restrictions with the understanding that he will soon be able to return to his normal work duties including operating a fork lift. Presently, his pain and poor response to his post surgical rehabilitation are acting as barriers to his goal and failure to safely and quickly return to his pre-injury PDL will compromise his ability to maintain his current employment." The documentation reflected that the claimant underwent left shoulder arthroscopic subacromial decompression and distal clavicle resection by Steven Jackson Thornton, MD on 10/19/05. He was found to be at clinical maximum medical improvement (MMI) status by Joseph Jacko, MD on 1/19/06, with a whole body impairment of 2%. Martha Y. Walkup, DO agreed with this determination of MMI status and 2% impairment per, TWCC-69 form dated 1/31/06. There is now a report from a new orthopedic surgeon at McConnell Orthopedic Clinic, John McConnell, MD, dated 5/22/06, which indicated that the patient was a surgical candidate, again, for the left shoulder, and it was scheduled for 6/19/06. He was having persistent left shoulder pain even after an injection to the elbow and shoulder.

There was an MRI report of the left shoulder pre and post arthrography performed on 4/14/06, which was normal. Please also note that this MRI report indicated a wrong injury date of ___ not the correct date of ___.

The current request is to determine the medical necessity for individual psychotherapy, one time per week for four weeks. The medical necessity for this request was found at this time, with reference to the Texas Department of Insurance and DWC rules and regulations. Specifically, the Texas Labor Code 408.021 and the reference to the provided mental health diagnoses of multiaxial diagnoses: Axis I 307.89 Pain disorder associated with both psychological factors and general medical condition, chronic and rule out 296.21 Major depressive disorder, single episode, mild, Axis II 718.01 Left shoulder internal derangement, 953.0 Injury to the cervical nerve root and 847.1 thoracic sprain strain, Axis IV primary support group and occupation issues and AXIS V is GAF: 60 and pre-injury GAF at 85. Additionally, the presenting subjective complaints to the examiner support this request, which included persistent post surgical pain, rated at 4/10 to 7/10. He also reports symptoms of difficulty with ADL's, changed relationships, sleep disturbance, difficulty coping with injury related problems, depression including anhedonia, fatigue or loss of energy, and diminished ability to think or concentrate. This decision overturns the previous reviewer's denial as the 3/27/06 examination by Tracey Duran, MS, LPC, LMFT does in fact show evidence of psychiatric issues. The denial from the 4/5/06 review should be overturned since the patient does indeed have employment issues and elevated pain levels, with symptoms of depression noted.

The appeal letter, which was dated 5/11/06, from Phil Bohart, MS, CRC, LPC indicated that the claimant was working a light duty schedule with restrictions, with the understanding that he would soon be able to return to his normal work duties, including operating a forklift. Presently, his pain and poor response to his post surgical rehabilitation are acting as barriers to his goals. Failure to safely and quickly return to his pre-injury PDL will compromise his ability to maintain his current employment. The claimant has not been afforded this individual psychotherapy treatment for his diagnosed mental health issues and should be allowed this opportunity.

Criteria/Guidelines utilized: Texas Department of Insurance and DWC Rules and Regulations. Texas Labor Code 408.021 states: The employee is specifically entitled to healthcare that: (1) Cures or relieves the effects naturally resulting from the compensible injury (2) Promotes recovery OR; (3) Enhances the ability of the injured worker to return to or retain employment.

The ACOEM Guidelines, 2nd Edition, Chapter 15.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor 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.

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, requestor, claimant and the Division via facsimile or U.S. Postal Service from the office of the IRO on this 23rd day of June, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

LeeAnne Strang
Senior PRN Supervisor

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