



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW

NAME OF EMPLOYEE:
IRO TRACKING NUMBER: M2-06-1586-01
NAME OF REQUESTOR: Nueva Vida Behavioral Health Associates
NAME OF CARRIER: Texas Mutual Insurance Company
DATE OF REPORT: 07/21/06
IRO CERTIFICATE NUMBER: 5320

TRANSMITTED VIA FAX:

IMED, Inc. has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO).

In accordance with the requirement for TDI to randomly assign cases to IROs, TDI has assigned your case to IMED, Inc. for an independent review. The peer reviewer selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the peer reviewer reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

The independent review was performed by a matched peer with the treating physician. This case was reviewed by a chiropractic physician reviewer who is Board Certified in the area of Chiropractic Medicine and is currently listed on the DWC approved doctor list.

I am the Secretary and General Counsel of IMED, Inc., and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and the provider, the injured employee, 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 Independent Review Organization. I further certify that no conflicts of interest of any nature exist between any of the aforementioned parties and any director, officer, or employee of IMED, Inc.

REVIEWER REPORT

I have reviewed the records forwarded on the above injured worker and have answered the questions submitted.

Information Provided for Review:

- Employer's First Report of Injury or Illness.
- Records from Texas Orthopedics & Sports Rehabilitation Associates including an operative report.
- Documents from William Lawson, D.C., who is reported to be the treating doctor of record.
- A Functional Capacity Evaluation.

Clinical History Summarized:

The employee was injured on ___ while holding a support cable that was used to lift concrete beams which jerked his right shoulder and caused trauma.

The injured employee was initially seen by his family doctor, who provided medications and was referred to an orthopedic surgeon, Barbara Bergin, M.D. An MRI of the right shoulder noted evidence of pathology which was resolved via surgery. An open rotator cuff repair and subacromial decompression was performed on 05/30/02, along with distal clavicular resection and arthropathy.

Rehabilitative therapies appeared to have taken place under the supervision of Dr. Lawson until the employee was placed at statutory Maximum Medical Improvement (MMI) in April, 2004 with an 11% impairment rating.

After that time period, the employee continued to experience ongoing symptomatology. Requests were made, particularly by Dr. Lawson, on multiple occasions. Manipulation under anesthesia was performed by aggressive rehabilitation. Several appeals were filed in early 2005.

A Functional Capacity Evaluation (FCE) was performed on 03/01/06, which appears to be the most recent formal evaluation. The FCE noted the employee was only able to meet the physical demand levels of his job. He was able to perform in the medium category, and recommendations were to participate in a chronic pain program.

A document from Texas Mutual Insurance Company dated 07/18/06 noted that on two separate occasions in March, 2006 and May, 2006 that a physician advisor recommended denial of preauthorization for the chronic pain program. An initial request for twenty days was denied based upon no recent history and physical examination from a physician associated with the program documenting that treatment to date had been exhausted with a prognosis for improvement. He also showed inconsistent effort of previous testing.

A request for ten days of the pain management procedure was denied in May, 2006 noting the records reflected the employee had a significant amount of prior treatments which had failed to date, and it appeared highly unlikely that the employee would make any significant improvement as he had not significantly improved with any prior treatments. The availability of medical documentation did not adequately support the claimant as a good candidate for a chronic pain program.

Disputed Services:

Preauthorization denied for the chronic pain management five times a week for two weeks (5 x wk for 2 wks).

Decision:

Denial Upheld – A pain management program at five times a week for two weeks would not be reasonable or necessary.

Rationale/Basis for Decision:

The claimant appears to have suffered a rotator cuff injury as a result of the events of _____. Diagnostic testing did support evidence of surgical pathology, but was also complicated by evidence of preexisting degenerative pathology given the employee's age, 58, at the time of the incident. This is consistent with age related changes. Surgery was then performed in May, 2002, and rehabilitative therapy ensued. He was not formally placed at MMI until two years later in April, 2004 with a more than adequate impairment rating.

Since that time period, treatment appears to have been inconsistent and sporadic. There was a time gap between April, 2004 and the request by Dr. Lawson in 2005 for ongoing treatment including manipulation under anesthesia. There was then a gap in records until 2006 when a request was made for a chronic pain program.

I would tend to concur with the findings of the physician advisor in that records clearly show the employee has not had an entirely successful course of treatment to date including conservative care and physical medicine and rehabilitative therapies. Although the surgery to the right shoulder did appear to structurally repair the torn rotator cuff muscles, the postoperative course was clearly a failure. This is likely complicated by the employee's age and evidence of preexisting degenerative pathology.

It is unclear why a chronic pain program is now being requested some four plus years following both the injury and the surgery itself. The request for a chronic pain program would have been

most appropriate on or about the time of being placed at statutory MMI. At that point, even though the employee would have been placed at MMI indicating his condition was static and stable, he could have still participated in a chronic pain program since the pain is not ratable under the *AMA Guides*. However, some two years later, there is no need for participation in such a program given evidence such as the inconsistencies on the FCE and the lack of a psychological evaluation, which would be pertinent to certify the injured employee for the program. There was no evidence of psychological affect, which is one of the criteria required for entrance into this multidisciplinary program. According to the *ACOEM Guidelines*, Chapter Six, Preventing and Managing Chronic Pain, this is beneficial for most persons with chronic pain and likely should be considered the treatment of choice for persons who are at risk for chronic pain and disability. However, there is such a gap in the records as to suggest the employee has already learned pain coping techniques and has managed his ongoing symptomatology for some time. If he continues to have functional disability in the right shoulder with respect to contracture and/or loss of range of motion, it is unlikely a chronic pain program will be largely successful in improving that particular area of deficiency. According to the *Occupational Disability Guidelines*, repair of the rotator cuff tendon followed by a course of postsurgical rehabilitative therapies shows an 82% to 86% success rate for persons presenting within three months of injury. Failure of exercise programs to increase range of motion and strength benefits around the shoulder plus the existence of a surgical lesion within a six month time period gives a poor prognosis for further recovery. The recommended treatment time is three to six months, and it appears the employee has plateaued given the items presented for review and the recommendation from a prior physician advisor to decertify preauthorization for a chronic pain program. It is the opinion of this reviewer that twenty sessions of chronic pain management five times a week for a two week time period does not meet medical necessity criteria.

The rationale for the opinion stated in this report is based on the record review, the above mentioned guidelines, as well as the broadly accepted literature to include numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with IMED, Inc. is deemed to be a DWC decision and order.

YOUR RIGHT TO REQUEST A HEARING

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.

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If you are disputing the 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 thirty (30) days after the date on which the decision that is the subject of the appeal is final and appealable.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the injured worker via facsimile or U.S. Postal Service this 24th day of July, 2006 from the office of IMED, Inc.

Sincerely,

A handwritten signature in cursive script that reads "Charles Brawner".

Charles Brawner
Secretary/General Counsel