



## CompPartners Final Report



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

**Claimant Name:**

**Texas IRO # :**

**MDR #:** M2-06-1691-01

**Treating Provider:** J. Scott Crockett, D.O.

**Review:** Chart

**State:** TX

**Date Completed:** 8/9/06

**Review Data:**

- **Notification of IRO Assignment dated 7/11/06, 1 page.**
- **Receipt of Request dated 7/11/06, 6/29/06, 2 pages.**
- **Medical Dispute Resolution Request/Response dated 7/3/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 2 pages.**
- **Letters dated 5/30/06, 5/2/06, 4 pages.**
- **Invoice dated 7/11/06, 1 page.**
- **Fax Cover Sheet 5/24/06, 4/28/06, 4 pages.**
- **Authorization Request dated 5/24/06, 4/28/06, 4 pages.**
- **Patient Information Sheet dated 4/17/06, 5 pages.**
- **Consultation dated 3/23/06, 12 pages.**
- **MRI Right Hand & Wrist dated 4/19/06, 2 pages.**
- **History and Physical dated 4/14/06, 4 pages.**
- **Addendum to Pre-Authorization Request (Date Unspecified), 1 page.**
- **Delivery Confirmation (Date Unspecified), 1 page.**

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

**Determination: UPHELD** - the previously denied request for individual psychotherapy sessions, once a week for six weeks.

**Rationale:**

**Patient's age:** 44 years

**Gender:** Female

**Date of Injury:**

**Mechanism of Injury:** Right hand became stuck in towel dispenser.

**Diagnoses:**

1. Crushing injury to right hand.
2. Right carpal tunnel syndrome.
3. RSD right hand and wrist.
4. Hyperthyroidism.
5. Depression.
6. Type II diabetes mellitus.
7. Obesity.
8. Intractable pain.

Subsequent to this patient's work related injury, she had a six-week history of conservative treatment, consisting of physical therapy and medication management. Current medication management consists of Hydrocodone, Thyroid Sulfate, Amitriptyline, Thiamine, Ferrous Sulfate, Prednisone, and Neurontin.

Of note, with the above multiple diagnoses, there was no documentation that the patient's treatment decision has exhausted all other appropriate treatment for this patient's problem, an essential feature of a qualifying diagnostic impression of medical and social issues. There is equate itemization of the patient's pain behavior, but no report of progress or plan to address this patient's treatment relating to her right wrist/hand was provided.

After one month of this patient's injury, a behavioral medicine consultation report currently noted the patient's pain at a 5/10 and indicated diagnostic impressions of chronic pain disorder associated with both psychological factors and a general medical condition. There was no evidence that the reported symptoms were causing a delayed recovery from this patient's injury. Furthermore, the stated course relating to individual psychotherapy and control of diagnosed emotional and behavioral sequelae of the pain problem are not empirically supportable. This focus is specifically proscribed in this type of patient because such strategy "may reinforce psychological, environmental, and psychosocial factors" that per notes "chronic pain states." These factors have not been ruled out by the current evaluation. Therefore, the clinical indication and necessity of this treatment could not be established.

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

1. ACOEM Guidelines, 2nd Edition, Chapters 5, 6 and 15.
2. Sanders et al 2005; Evidence-Based Clinical Practice Guidelines for Interdisciplinary Rehabilitation of Chronic Non-Malignant Pain Syndrome Patients.

**Physician Reviewers Specialty:** Pain Management

**Physician Reviewers Qualifications:** Texas Licensed M.D. 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.**

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## 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 day of August 9, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee      *Lee-Anne Strang*

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