

MATUTECH, INC.

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October 25, 2006

Texas Department of Insurance
Division of Worker's Compensation
Fax: (512) 804-4871

Re: Medical Dispute Resolution
MDR Tracking #: M2-06-1937-01
DWC#: _____
Injured Employee: _____
DOI: _____
IRO#: IRO5317

Matutech, Inc. has performed an Independent review of the medical records of the above-named case to determine medical necessity. In performing this review, Matutech reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

Matutech certifies that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, 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 Independent Review Organization.

Information and medical records pertinent to this medical dispute were obtained from Texas Health, LLC. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by the physician who is licensed in psychology and is currently on the DWC Approved Doctors List.

Sincerely,



John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by Texas Health, LLC:

Office notes (05/09/05)
Therapy notes (01/19/06 – 05/22/06)
Radiodiagnostic studies (05/02/06)
Behavioral medicine consultation (07/12/05)
Pre-authorization requests (06/14/06, 07/05/06)
Utilization reviews (06/19/06, 07/10/06)

Clinical History:

This is a 54-year-old female who injured her left shoulder when a strainer weighing approximately fifteen pounds fell on her shoulder. On July 12, 2005, in a behavioral medicine consultation, the following treatment history was noted: *Following the injury, the patient was treated in the emergency room (ER) following which she underwent physical rehabilitation for two weeks. Magnetic resonance imaging (MRI) of the left shoulder revealed supraspinatus tendinopathy and suprahumeral cuff thickness. Electromyography/nerve conduction velocity (EMG/NCV) study of the upper extremities was normal. A left shoulder arthrogram and a post arthrogram MRI in February 2005, revealed a partial tear of the supraspinatus tendon, tendinopathy, and mild osteoarthritis. She received injections to her shoulder followed by surgery on April 11, 2005. The assessment showed adjustment disorder, mixed anxiety with depressed mood, and insomnia. Individual psychotherapy was recommended.*

From January 19, 2006, through March 27, 2006, the patient attended a number of sessions of chiropractic therapy (neuromuscular re-education, manual therapy, and therapeutic exercises). Magnetic resonance arthrogram (MRA) of the left shoulder demonstrated: (a) A 1-cm wide two-thirds thickness undersurface partial tear within the posterior half of the supraspinatus tendon; (b) potential sources for rotator cuff impingement to include acromioclavicular (AC) joint capsule hypertrophy and joint arthrosis; and (c) mild-to-moderate glenohumeral joint degenerative changes. John McConnell, M.D., an orthopedic surgeon, decided to treat the patient with surgery. A request for a pre-operative psychological evaluation to determine the patient's suitability for undergoing the surgery was requested. It was denied on the grounds that: *The patient had received excessive chiropractic care. She had a prior rotator cuff repair with continued symptoms and findings. Repeat MRA of the left shoulder showed recurrent rotator cuff tear and surgery was suggested. Details of past history/prior medication management/prior psychological evaluation were not available for review. Details as to present clinical findings were also not noted for review. Without additional medical records, current impairment, or the fact if a consult would be reasonable could not be determined. Based on available medical data, there were insufficient indications for the present request.* On July 5, 2006, a reconsideration request for a pre-operative psychological evaluation was denied stating that "Rationale for pre-surgery

psychological test was not supported by medical records. The patient had demonstrated an ability to follow through with post-surgical care”.

Disputed Services:

Psychological testing (including MMPI-2, MGMD, and BHI-2)

Explanation of Findings:

There are no evidence based outcome studies that indicate that pre-surgical psychological screening is effective in predicting surgical outcome for shoulder surgery. There are numerous studies that suggest that pre-operative psychological screening is effective in predicting successful outcomes of low back surgery. The ACOEM guidelines do recommend such screenings for low back surgery (Chapt. 12) but are silent on any psychological evaluation for predicting surgical outcomes for shoulder surgery (Chapt.9). The Official Disability Guidelines are also silent on pre-operative psychological screenings for shoulder surgery. The American Academy of Orthopedic Surgeons Clinical Guidelines on Shoulder Pain is also silent on these screenings. There is no literature suggesting that the same psychological factors that are relevant in predicting surgical outcomes for low back surgery are relevant for predicting outcome of shoulder surgery.

Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overturn denial:

Uphold denial of request for pre-surgical psychological testing.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

ACOEM Guidelines Chapter 6, and Chapter 12
ODG-TWC- Chapter on treatment of shoulder injuries
American Academy of Orthopedic Surgeons clinical guidelines on shoulder pain
National Guideline Clearinghouse

The physician providing this review is a Clinical Psychologist with training and experience in the treatment of pain disorders. The reviewer is licensed in the state of Texas. The reviewer is a member of American Psychological Association, and the International Neuropsychological Society. The reviewer has been in active practice for 28 years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile a copy of this finding to the provider of records, payer and/or URA, patient and the Texas Department of Insurance.

Matutech retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by Matutech clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the Utilization Review Accreditation Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by Matutech represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to Matutech for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Matutech assumes no liability for the opinions of its contracted physicians and/or clinician advisors the health plan, organization or other party authorizing this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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, 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.