



CompPartners Final Report



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

Claimant Name:

Texas IRO # :

MDR #: M2-06-1738-01

Treating Provider: Junaid Farooqui, D.C.

Review: Chart

State: TX

Date Completed: 8/18/06

Review Data:

- Notification of IRO Assignment dated 7/21/06, 1 page.
- Receipt of Request dated 7/21/06, 1 page.
- Medical Dispute Resolution Request/Response (Date Unspecified), 1 page.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Appeal Letter dated 6/23/06, 1 page.
- Letter dated 6/16/06, 2 pages.
- Individual Psychotherapy Note dated 6/1/06, 5/2/06, 4/28/06, 4/11/06, 4/4/06, 9 pages.
- Functional Abilities Evaluation dated 6/14/06, 9 pages.
- Dallas Pain Questionnaire dated 6/14/06, 3 pages.
- Office Visit dated 12/2/05, 12/13/05, 2/1/06, 1/9/06, 11/15/05, 6 pages.
- Rational dated 11/28/05, 1 page.
- Electro-Diagnostic Interpretation dated 9/30/05, 1 page.
- Consolidated Report dated 3/9/06, 12 pages.
- Biofeedback Sessions dated 5/2/06, 4/28/06, 4/18/06, 4/11/06, 4 pages.
- Notice of Disputed Issues dated 5/4/06, 1 page.
- New Patient Evaluation dated 3/9/06, 2 pages.
- Physical Performance Evaluation dated 1/9/06, 7 pages.
- Case History Record dated 9/22/05, 1 page.
- MRI Right Hand dated 10/18/05, 1 page.
- MRI Right Wrist dated 10/18/05, 1 page.
- Functional Capacity Evaluation dated 12/5/05, 8 pages.
- The Carpal Tunnel Questionnaire dated 12/5/05, 2 pages.
- Strength Detail by Date dated 12/13/05, 12/14/05, 3 pages.
- SOAP Notes dated 12/13/05, 12/14/05, 2 pages.
- Assessment dated 9/26/05, 1 page.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for 20 sessions of chronic pain management.

Determination: PARTIAL – 10 sessions of chronic pain management.

Rationale:

Patient's age:

Gender: Male

Date of Injury: ____

Mechanism of Injury: The claimant was lifting a dolly onto a truck, when the dolly slipped out of his hand causing it to twist his right hand and wrist. The dolly fell to the floor bouncing back up, hitting the claimant on the mouth and breaking the claimant's front tooth.

Diagnoses: Right hand chronic pain syndrome, sleep disorder secondary to chronic pain, and psychosocial factors secondary to chronic pain.

The claimant continued to work the remainder of the day despite his pain levels. The following day, he presented to the company doctor where he was prescribed medication. On 9/26/2005, the claimant presented to Dallas Physical Performance Center, the office of Dr. Farooqui, D.C. The recommendation was for diagnostic testing and four weeks of passive therapy. The claimant underwent a brief course of passive therapy, followed by 12 sessions of active therapy. The claimant also underwent a course of steroid injections that failed to provide any benefit. On 9/30/2005, the claimant underwent an NCV of the right upper extremity. The findings were "very mild right carpal tunnel syndrome." An MRI of the right hand dated 10/18/2005, revealed small thumb metacarpal phalangeal joint effusion. An MRI of the right wrist dated 10/15/2005 revealed mild to moderate findings that "may reflect mild clinical carpal tunnel syndrome" and that further correlation is needed. On 12/13/2005, the claimant was referred to the office of Dr. Bayless, orthopedist for an evaluation. The recommendation was for continued physical therapy and exercises. A functional capacity evaluation was performed on 12/5/2005. This evaluation revealed the claimant showed a consistent and a valid effort. The results were that the claimant was functioning at a light physical demand level. On 12/13/2006, an active rehabilitation program was initiated. On 1/9/2006, the claimant underwent a Physical Performance Evaluation (PPE). The results were that the claimant was able to function at a light physical demand level. The PPE noted that the claimant's required physical demand level (PDL) was medium-heavy. On 3/9/2006, the claimant underwent a pain management consultation with Dr. Strain, M.D., at Positive Pain Management of Texas. The recommendation was for biofeedback and a pain management program. The claimant underwent five sessions of individual psychotherapy and biofeedback from 4/11/2006 through 5/2/2006. The 5/2/2006 psychotherapy notes indicated that the therapist was "concerned he will not progress adequately without continued intensive physical therapy and more psychological support." On 6/14/2006, the claimant underwent a functional capacity evaluation. The evaluation revealed that the claimant provided an inconsistent, submaximal effort during the testing. This resulted in a physical demand capacity of indeterminate. It was noted that given the findings, it could be assumed that the results would reflect a sedentary capacity. The claimant's job required performance demand capacity (PDC) was medium. A request for 20 sessions of a multi disciplinary chronic pain management was submitted. This was denied by peer review on the 6/16/2006. The rationale for denial was "the physical findings were minimal" and the only documentation submitted for review was a "multi- page request for treatment from Positive Pain Management, Inc." The Peer Reviewer indicated it "is unclear how a chronic pain management program will have much of an impact on the claimant's current condition in light of the rather mild injury he experienced." On 6/19/2006, an appeal was submitted. The request at that time, changed to 10 sessions of a multidisciplinary chronic pain management program. An

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appeal peer review was performed on 6/23/2006. This also resulted in a denial of service. The rationale was based on the "minimal clinical findings" on examination, and the fact the "diagnosis appears unclear on account of the minimal physical findings and negative testing." On 6/26/2006, the provider submitted an appeal to the Texas Department of Insurance for a medical dispute resolution. The request on this appeal was for 20 sessions of a chronic pain management program (CPMP). The purpose of this review is to consider the medical necessity for the requested 20 sessions of chronic pain management. A call was placed to both the office of Dr. Farooqui at the Dallas Physical Performance Center and to the office of Positive Health Management. This reviewer was informed by Lisa, the exercise physiologist at Dallas Physical Performance Center that the claimant only received 12 sessions of active therapy. This reviewer spoke to Fabiola at Positive Health Management. She stated that the claimant had not received any active therapy at that office. It appeared that the claimant received a brief course of passive physiotherapy modalities followed by 12 sessions of active exercise rehabilitation. This reviewer was informed by Lisa that a request for a work hardening program was submitted early in 2006. This was apparently denied by peer review. In the interim the claimant has not received any active therapy. The claimant continued to remain temporarily totally disabled. The medical necessity for 10 sessions of chronic pain management is appropriate. The claimant meets the criteria for inclusion in a chronic pain management program in that he has failed lower levels of care yet continued to have significant pain complaints and functional deficits. The initial peer review dated 6/16/2006, denying the chronic pain management program, indicated that the claimant had minimal clinical findings. The reviewer referred to the MRI of the hand and noted the small metacarpal phalangeal joint diffusion. The reviewer did not mention the wrist MRI that showed findings consistent with carpal tunnel syndrome. The reviewer also noted that the claimant had bilateral electromyogram/nerve conduction studies (EMG/NCS) that "showed no indication of neurological conditions involving the right hand and wrist." The electro-diagnostic testing performed on 9/30/2005 revealed findings consistent with very mild right carpal tunnel syndrome. With respect to the minimal clinical findings, the submitted documentation did not support this claim. The 3/9/2006 initial Psychological Evaluation from Positive Health Management revealed significant clinical findings. The 3/9/2006 evaluation revealed pain levels at 8 out of 10 on the visual analogue scale. Ranges of motion findings of the right hand/wrist were significantly reduced. Bilateral grip strength was significantly reduced. The claimant noted 76 lbs. of grip strength on the left and 6 lbs. on the right. With respect to the psychological evaluation, the claimant's Beck Depression Inventory (BDI) revealed findings of moderate depression. The Beck Anxiety Index (BAI) revealed moderate anxiety. The GAF score was 55, which equates to moderate symptoms. These could certainly be characterized as "significant clinical findings." The multiple physical performance evaluations revealed that the claimant had not been able to function in his job required PDL. A review of the serial examinations revealed that the claimant's abilities have decreased. The December 2005 and January 2006 Evaluations revealed the claimant was able to provide maximal and consistent effort, and was able to function at a light physical demand level. The June 2006 examination revealed the claimant was not able to give a consistent or maximal effort and that the claimant had significant pain issues. The evaluator determined that the physical demand capacity was indeterminate but most likely at a sedentary level. An overall view of the submitted documentation revealed that the claimant had exhausted his lower levels of treatment including active and passive physical therapy, pain management procedures including steroid injections, and biofeedback/Individual psychotherapy sessions. Given the claimant's significant pain complaints and functional deficits, a multi-disciplinary chronic pain management program is appropriate and consistent with Texas Department of Insurance Guidelines and ACOEM Guidelines. The ACOEM Guidelines, Chapter

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6, indicates that with chronic pain patients, a multidisciplinary approach is appropriate. The request was for 20 sessions of a chronic pain management program. 20 sessions of a chronic pain management program is excessive. A clinical trial of 10 sessions of a chronic pain management program would be appropriate to determine if this program would be efficacious for this claimant. Therefore, this reviewer would recommend certification of 10 sessions of chronic pain management.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
The ACOEM Guidelines, 2nd Edition, Chapter 6.

Physician Reviewers Specialty: Chiropractor

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.

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 18, 2006.

Signature of IRO Employee:

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Printed Name of IRO Employee

Lee-Anne Strang

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