



CompPartners Final Report



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

Claimant Name: ---
Texas IRO # : ---
MDR #: M2-06-1853-01
Social Security #: XXX-XX-
Treating Provider: Garry Pollock, MD
Review: Chart
State: TX
Date Completed: 9/26/06

Review Data:

- Notification of IRO Assignment dated 8/31/06, 1 page.
- Receipt of Request dated 8/31/06, 1 page.
- Medical Dispute Resolution Request/Response dated 8/1/06, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Case Review dated 7/21/06, 6/28/06, 4 pages.
- Pre-Authorization (date unspecified), 1 page.
- Prospective Review dated 9/1/06, 2 pages.
- Notes dated 7/24/06, 6/30/06, 6/22/06, 4 pages.
- Examination dated 6/21/06, 3 pages.
- Grip Test dated 6/21/06, 1 page.
- Email dated 6/23/06, 1 page.
- Article (date unspecified), 12 pages.
- Fax Cover Sheet dated 9/7/06, 1 page.
- Progress Note dated 7/26/06, 7/12/06, 7/11/06, 6/21/06, 6/1/06, 5/17/06, 4/14/06, 3/24/06, 3/22/06, 2/16/06, 1/31/06, 12/20/05, 12/6/05, 11/9/05, 10/11/05, 9/14/05, 16 pages.
- Operative Note dated 9/26/05, 3 pages.

Reason for Assignment by TDI: Determine the appropriateness of the previously denied request for preauthorization approval for 18 sessions of physical therapy to the bilateral wrists; 97022, 97140, 97110 and 97026.

Determination: **UPHELD** - Previously denied request for preauthorization approval for 18 sessions of physical therapy to the bilateral wrists; 97022, 97140, 97110 and 97026.

Rationale:

Patient's age:

Gender:

Date of Injury:

Mechanism of Injury: Repetitive activities.

Diagnoses: Bilateral carpal Tunnel syndrome; complex regional pain syndrome: Carpal tunnel with causalgia of the median nerve; depression secondary to pain; insomnia.

This 58-year-old claimant's chief complaint is constant pain in both hands due to development of reflex sympathetic dystrophy (RSD). The claimant has a history of multiple carpal tunnel releases in both hands. She was working full time at _____ as a secretary. She reported that she gets some pain relief from wearing compression gloves with gel inserts. She also has heat at home and uses splints as needed. She had gotten relief from a TENS unit, but the insurance carrier denied the TENS unit and she had to return to the company. She had a pain stimulator in the past, but it was removed, allegedly, from complications.

This claimant's medical history showed that in --- of ---, she developed carpal tunnel syndrome due to RSD. She has had 2 releases done on the right hand and four releases on the left hand. Her first surgery was on 4/26/02, her last was with Dr. Pollock for the left hand, in which she received a nerve wrap on 9/12/06. The claimant has undergone therapy in the past with the usual treatments for pain and scar tissue, such as heat and ultrasound, but she continued to have problems. She had undergone placement of a pain stimulator, which was unsuccessful due to complications of the wires moving and because of scar tissue; it was removed as it was causing more trouble than it was worth. The claimant had used a TENS unit successfully.

The disputed issue is the denial of a pre-authorization approval for 18 sessions of physical therapy to the bilateral wrists at Lubbock Hand Therapy, PLLC as requested by Dr. Pollock. A peer to peer case discussion ensued with Dr. Pollock. Dr. Pollock raised the issue that low level laser therapy for pain management for the palmar aspect of the hand would be an excellent alternative to surgery. Providing low level laser therapy to this claimant was the primary intent for which the interventions in question were requested. The examination of 6/21/06 documented subjective complaints of pain in the right hand, rated at 5/10, and she described the pain as being constant. The claimant also reported aching/burning that was worse at the end of the day. Low level laser therapy is not supported by *Diagnosis and Treatment Manual For Physicians and Therapists: Upper Extremity Rehabilitation, 4th Edition* in the postoperative management of the procedures to which this patient submitted prior to the request for the interventions in question hereunder. Moreover, neither the *ACOEM Guidelines, 2nd Edition* nor *Pain Medicine, A Comprehensive Review, 2nd Edition* identify low level laser therapy among the multitude of interventions recommended in the management of chronic pain. Based upon all of the foregoing, the previous determination to deny the interventions in question must be upheld.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

The ACOEM Guidelines, 2nd Edition, Chapter 6.

Diagnosis And Treatment Manual For Physicians And Therapists: Upper Extremity Rehabilitation, 4th Edition, edited by Nancy M. Cannon, OTR, CHT.

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Pain Medicine, A Comprehensive Review, 2nd Edition, by P. Prithvi Raj, M.D.

Physician Reviewers Specialty: Occupational Medicine and Ophthalmologist.

Physician Reviewers Qualifications: Texas licensed M.D.

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 September 26, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

Lee-Anne Strang

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