



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-07-0108-01
Social Security #: _____
Treating Provider: Andrew Small, MD
Review: Chart
State: TX
Date Completed: 12/1/06

Review Data:

- Notification of IRO Assignment dated 10/10/06, 1 page.
- Receipt of Request dated 10/10/06, 1 page.
- Medical Dispute Resolution Request/Response dated 9/13/06, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 1 page.
- Letter dated 9/6/06, 8/14/06, 3/13/06, 2/15/06, 11/29/05, 12 pages.
- Preauthorization Request dated 8/9/06, 1 page.
- Preauthorization Reconsideration Request dated 8/29/06, 2 pages.
- Patient Profile (date unspecified), 1 page.
- Patient Information dated 8/8/06, 1 page.
- Psychophysiological Profile Assessment dated 8/8/06, 2 pages.
- Initial Behavioral Medicine Re-evaluation dated 6/30/06, 6 pages.
- Operative Report dated 1/6/06, 1 page.
- Cervical Spine MRI dated 11/21/05, 1 page.
- Left Shoulder MRI dated 11/21/05, 1 page.
- Follow-up Visit dated 3/23/06, 3/16/06, 2/16/06, 1/19/06, 12/22/05, 12/1/05, 11/22/05, 11/17/05, 8 pages.
- Report of Medical Evaluation dated 8/10/06, 3/9/06, 2 pages.
- Office Visit dated 11/15/05, 2 pages.
- Clinical Notes dated 11/18/05, 11/15/05, 7 pages.
- Carrier's Statement dated 10/28/06, 2 pages.
- Texas Workers' Compensation Work Status Report dated 11/14/05, 1 page.
- Designated Doctor Report dated 8/10/06, 3 pages.
- Upper Extremity Impairment Evaluation Record (date unspecified), 1 page.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for biofeedback therapy, one time a week for six weeks, with 3 modalities EMG, PNG and TEMP.

Determination: **UPHELD** - the previously denied request for biofeedback therapy, one time a week for six weeks, with 3 modalities EMG, PNG and TEMP.

Rationale:

Patient's age: 39 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: Lifting sheets of plywood, weighing approximately 70 pounds and turning them.

Diagnoses:

1. Cervical spondylosis with myelopathy, cervicobrachial syndrome (diffuse), unspecified derangement of the joint of the shoulder region.
2. Internal derangement, left shoulder.
3. Torn left rotator cuff.
4. Cervical radiculitis, cervicgia and cervical myofascial injury.

The claimant has been treating for posterior neck and posterior left shoulder pain. She treated initially with chiropractics and was diagnosed with cervical spondylosis with myelopathy, diffuse cervicobrachial syndrome, an unspecified derangement of the shoulder joint and an unspecified disorder of the muscle, ligament and fascia. Dr. Small evaluated the claimant on 11/15/05, for left shoulder pain with extended motion and discomfort in the neck. There was some tenderness at the base of the neck on the left and trapezius area on cervical compression and marked decreased range of motion of the left shoulder in all ranges due to discomfort. Internal derangement of the left shoulder was diagnosed and Naproxen was given. An MRI of the cervical spine on 11/21/05, showed straightening of the cervical spine, 1.5 millimeter desiccated bulges at C4/5, C5/6 and C6/7 and possible C5-7 complaint. An MRI of the left shoulder that day showed supraspinatus tendinosis, a small undersurface tear at the insertion of the site of much less than twenty-five percent and degenerative hypertrophy of the acromioclavicular joint, abutting the supraspinatus in neutral position. The joint fluid distended the subscapularis recess. The claimant continued treating with therapy and medications. As of 11/29/05, he complained of intermittent radiation to the left shoulder and left upper extremity, with numbness and tingling in a non-dermatomal distribution and was diagnosed with cervical radiculitis, cervicgia and cervical myofascial injury. Dr. Battle did not feel he was a surgical candidate and recommended continued conservative care. He received a facet injection of the left C3-6 levels on 01/06/06 and was noted to have received an injection into the left shoulder at some time with improvement.

Dr. Hood performed an independent medical examination on 03/09/06, and determined that the claimant was a candidate for arthroscopic and probable open repair of the rotator cuff of the left shoulder and stated that the claimant did not incur any injury to the cervical spine, but had some mild compensatory muscle soreness in the trapezius region related to the rotator cuff/shoulder injury. He anticipated maximum medical improvement by 07/15/06. An initial behavioral medicine re-evaluation dated 06/30/06, noted diagnoses of a chronic adjustment disorder with anxiety, and rule out pain disorder with psychological and general chronic medical conditions. An immediate authorization for low level counseling and biofeedback psychophysiological profile assessment (PPA) to determine the suitability for biofeedback training was recommended. A PPA evaluation was performed on 08/08/06, at which time, pain management education, especially biofeedback, was recommended to help build skill with self regulation of his physiology, in order to lower his subjective levels of pain and anxiety. On 08/10/06, Dr. Hood evaluated the claimant with a Designated Doctor Examination and noted improvement with conservative treatments. He had continued left shoulder discomfort without true radicular symptoms. He was declared at maximum medical improvement and assigned a four percent whole person impairment rating. Dr. Hood stated that the functional capacity evaluation showed

compliance and good effort and found him to be able to safely work within the medium level of physical demand; however, Dr. Hood felt he was capable of full duty work without restrictions.

The request for biofeedback was denied on 08/14/06 and 09/06/06 and is now under dispute. It appears from this medical record that this claimant has had ongoing musculoskeletal complaints from a reported ___ injury. Since that time, he has had numerous diagnostic tests showing some mild degenerative changes and over time, his physical examination had essentially returned to normal. He continued to complain of pain and there was discussion about biofeedback therapy with other modalities. In light of the claimant's return to an essentially normal physical examination at the time of his 08/10/06 visit with Dr. Hood, and his multiple different diagnoses initially, which seem to have resolved, it is not clear to this reviewer that biofeedback therapy with the requested modalities is medically necessary or reasonable, based on a review of the medical records at hand.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
ACOEM Guidelines, 2nd Edition, Chapter 15, page 400.
Physical Medicine and Rehabilitation, Randall L. Braddom, Second Edition, Chapter 42, pages 927, 929, 953.

Physician Reviewers Specialty: Orthopedic Surgeon

Physician Reviewers Qualifications: Texas Licensed M.D. and is 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.

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Date: 1/23/2007

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 1st day of December 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

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