

RYCO MedReview

DETERMINATION OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-07-0210-01
NAME OF REQUESTOR: Valley Total Healthcare Systems
NAME OF PROVIDER: Petros Chapanos, M.D.
REVIEWED BY: Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine
IRO CERTIFICATION NO: IRO 5345
DATE OF REPORT: 11/28/06

Dear Valley Total Healthcare Systems:

RYCO MedReview has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5345). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to RYCO MedReview for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a health care professional or physician reviewer who is Board Certified in Anesthesiology, Fellowship Trained in Pain Management, and Added Qualifications in Pain Medicine and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of RYCO MedReview and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of

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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.

REVIEWER REPORT

Information Provided for Review:

An MRI of the left shoulder interpreted by Eric S. Bennos, M.D. dated 09/28/04

Operative reports from Michael Sweeney, M.D. dated 11/19/04 and 02/11/05

An MRI of the right shoulder interpreted by L.M. Farolan, M.D. dated 10/28/05

Interdisciplinary pain rehabilitation programs with an unknown provider (the signature was illegible) dated 11/07/05, 11/08/05, 11/09/05, 11/10/05, 11/14/05, 11/15/05, 11/16/05, 11/17/05, 11/21/05, 11/22/05, 12/13/05, 12/15/05, 12/16/05, 12/19/05, 12/20/05, 12/21/05, 12/22/05, 12/27/05, 12/28/05, 12/29/05, 01/25/06, 01/26/06, 01/30/06, 01/31/06, and 02/01/06

Mental and behavioral health consultations and progress notes from Julia Martinez, L.P.C.-I. dated 11/07/05, 11/14/05, 12/13/05, 12/15/05, 12/21/05, 12/22/05, 12/29/05, 01/25/06, 01/26/06, 01/31/06, and 02/01/06

Group therapy with Ms. Martinez dated 11/07/05, 11/08/05, 11/09/05, 11/10/05, 11/14/05, 11/15/05, 11/16/05, 11/17/05, 11/22/05, 12/13/05, 12/15/05, 12/16/05, 12/19/05, 12/21/05, 12/22/05, 12/27/05, 12/28/05, 12/29/05, 01/25/06, 01/26/06, 01/30/06, 01/31/06, and 02/01/06

Biofeedback with Ms. Martinez dated 11/07/05, 11/08/05, 11/09/05, 11/14/05, 11/15/05, 11/17/05, 11/21/05, 11/22/05, 12/13/05, 12/15/05, 12/20/05, 12/22/05, 12/27/05, 12/29/05, 01/26/06, and 01/31/06

Weekly summary case conference sign in sheets with various providers (the signatures were illegible) dated 11/10/05, 11/17/05, 11/23/05, 12/16/05, 12/23/05, 01/27/06, and 02/03/06

Weekly summary medical notes from an unknown physician (the signature was illegible) dated 11/10/05, 11/17/05, 11/23/05, 12/16/05, 12/23/05, 12/30/05, 01/27/06, and 02/03/06

Evaluations with Dr. Pechero (no credentials were listed) dated 01/17/06, 01/31/06, 02/14/06, 03/02/06, 03/30/06, 04/27/06, 06/23/06, 07/28/06, 08/25/06, 09/22/06, and 10/20/06

A letter requesting precertification dated 08/04/06

Letters of denial from HDi dated 08/10/06 and 09/13/06

A peer review with Mark A. Doyne, M.D. dated 08/25/06

A request for an appeal from Desirae Valadez, L.P.C. dated 08/30/06

A peer reviewer final report from Andrew McKay, M.D. dated 09/13/06

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A letter from Flahive, Ogden & Latson Attorneys at Law dated 10/18/06
An undated DWC-60 form from Petros Chapanos, M.D.

Clinical History Summarized:

An MRI of the left shoulder interpreted by Dr. Bennos dated 09/28/04 revealed tenosynovitis, degenerative changes, subdeltoid and subacromial bursitis, and a type III acromion with chronic shoulder impingement. On 11/19/04, Dr. Sweeney performed right shoulder arthroscopy and debridement. On 02/11/05, Dr. Sweeney performed arthroscopy and debridement and a rotator cuff repair of the left shoulder. An MRI of the right shoulder interpreted by Dr. Farolan on 10/28/05 revealed slight tenosynovitis, bursitis, and tendinosis/tendinopathy with a partial tear of the intrasubstance. The patient performed in a chronic pain management program from 11/07/05 through 02/01/06. Group therapy, individual therapy, and biofeedback were performed as part of the program from 11/07/05 through 02/01/06. On 01/31/06, Dr. Pechero recommended a left shoulder rotator cuff repair. Dr. Pechero recommended surgery on 02/14/06. On 03/30/06, Dr. Pechero recommended continued physical therapy, Effexor, and continuous passive motion. On 04/27/06, Dr. Pechero recommended an MRI of the shoulder and possibly the cervical spine, along with a work hardening program. On 06/23/06, Dr. Pechero recommended continued work hardening, Ultram, and Celebrex. On 07/28/06, Dr. Pechero recommended a pain management program and a psychological evaluation. On 08/04/06, Valley Total Healthcare wrote a letter requesting 10 sessions of a pain management program. HDi wrote letters of denial for the 10 sessions of the pain program on 08/10/06 and 09/13/06. On 08/25/06, Dr. Doyne assigned the patient a 37% impairment rating. On 08/25/06, 09/22/06, and 10/20/06, Dr. Pechero recommended continued conservative management and Celebrex. Ms. Valadez wrote a request for an appeal of the 10 sessions of pain management on 08/30/06. On 09/13/06, Dr. McKay denied the 10 sessions of the pain management program.

Disputed Services:

10 sessions of chronic pain management

Decision:

I disagree with the requestor. The 10 sessions of chronic pain management would not be reasonable or necessary.

Rationale/Basis for Decision:

This patient has completed at least 25, if not 30, sessions of a chronic pain management program between November of 2005 and February of 2006. Despite the reconsideration request reasons provided by Ms. Valadez, the patient did not complete 15 sessions, as she indicated. Moreover, the patient did not report the previous program was helpful, which is clearly evident by the fact that he had worse pain after completion of the chronic pain management program and increased levels of depression and anxiety on psychological testing during the final month of the program relative to the first two months of the program. This clearly does not demonstrate significant benefit from the completion of a full chronic pain management program. The assertion that the patient might have been preoccupied “with his upcoming surgery” is also not supported, as surgery was not even discussed with the patient until well after completing 20 sessions of the program. There is no valid reason, therefore, why the patient should repeat any sessions of the chronic pain management program. Whatever techniques and tools for dealing with his chronic pain that were taught to him during the initial 25 or 30 sessions were clearly not wiped out by him simply undergoing repeat left shoulder surgery. Therefore, there is no reason why the patient could simply use the same techniques and tools that were taught to him during the full chronic pain management program he already attended. Having completed a full chronic pain management program previously, therefore, there is no medical reason or necessity for this patient to be enrolled in any further chronic pain management program sessions. He should simply utilize the techniques and tools previously taught to him in the chronic pain management program he completed.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with RYCO MedReview is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

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.

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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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the patient via facsimile or U.S. Postal Service this day of 11/28/06 from the office of RYCO MedReview.

Sincerely,

Laura White
Secretary/General Counsel