

ZRC MEDICAL RESOLUTIONS

November 8, 2006

Re: MDR #: M2 07 0280 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5340 SS#: ___

TRANSMITTED VIA FAX TO:

TDI, Division of Workers' Compensation

Attention: ___

Medical Dispute Resolution

Fax: (512) 804-4868

RESPONDENT: Service Lloyds

REQUESTOR: Texas Health

TREATING DOCTOR: John Bodtefuhr, DC

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 decision before referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in neurology and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

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.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on November 8, 2006.

Sincerely,

Handwritten initials 'JC' in a stylized, bold font.

Jeff Cunningham, DC
President



REVIEWER'S REPORT
M2 07 0280 01

MEDICAL INFORMATION REVIEWED:

Medical records covering the time from the work-related knee injury and progressing with summaries and examinations through to two months ago, from primary care physicians, behavioral medicine physicians and outside medical case reviewers.

BRIEF CLINICAL HISTORY:

The patient fell while at work and suffered a left knee injured _____. Three weeks later, with no improvement, he underwent an MRI showing a high-grade tear of the medial collateral ligament and a tear of the inferior aspect of the meniscus with joint effusion. He began physical therapy with limited results and shortly afterward was terminated at his job. He continued PT and underwent a behavioral medicine evaluation in August 2005 at which time it was determined that he was operating under considerable stress. He underwent corrective knee surgery in November 2005, but he has not been able to achieve a level of pain-free function enabling him to return to full activities. His psychological profile indicates depression, anxiety and dependence along with and exacerbating the knee pain. He has had no marked improvement in his ability to function in the activities of daily living and work despite extensive work hardening and physical therapy with which he has been compliant. He reportedly has no medical-surgical indications to correlate with the extreme pain he occasionally reports, although he does complain of intermittent knee effusions. He has in the past been on Ultram, Celebrex and Hydrocodone but did not achieve much benefit and is not currently on any medications. His examination of 8/22/06 shows some tenderness over the left medial femoral condyle and medial collateral ligament. There is no pain on motion. There was evidence on exam of osteoarthritis. The patient's affect was noted to be depressed on the latest medical examination.

DISPUTED SERVICES:

20-session chronic pain management program for chronic pain syndrome

DECISION:

I DISAGREE WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

The patient fulfills the criteria for chronic pain syndrome. The classic manifestations are

dramatization of complaints, drug misuse, dysfunction/disuse, dependency, depression, and disability. The patient manifests all of these except, fortunately, for drug misuse. The treatment for chronic pain syndrome should be directed in a team approach to dealing with "dealing with" the pain and to working on the underlying psychological factors that are a part of this syndrome. It is worthy of note that the patient was laid off work at a critical time, just after he had been injured and long before the definitive surgical intervention was finally undertaken to help him. This presumably led to a constellation of issues that combined with his failure to achieve a complete and rapid healing spiraled into the chronic pain syndrome.

The most important approach at this time is to use the 20-day multi-factorial therapeutic approach outlined, giving the patient the coping skills and tools that will enable him to manage what pain there is, provide him with the reassurance that he should progress to a return to work (his 2/06 work assessment indicates that he is capable of moderate work, as he was doing at the time of his accident), and also evaluate him as a candidate for psychopharmacological intervention for his depression. Whether the depression is primary or secondary matters little at this point. It requires intervention and treatment as part of his return to the activities of daily living and work.

F. SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

E-medicine from Web MD was referenced in this finding.