

RYCO MedReview

DETERMINATION OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-07-0381-01
NAME OF REQUESTOR: United Therapy Center
NAME OF PROVIDER: Robert Ippolito, 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: 12/21/06

Dear United Therapy Center:

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 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:

X-rays of the right hand interpreted by Andrew Lee, M.D. dated 01/03/05

Evaluations with Robert Ippolito, M.D. dated 01/10/05, 02/07/05, 02/14/05, 03/16/05, 04/07/05, 04/18/05, 05/02/05, 05/18/05, 06/01/05, 08/08/05, 09/15/05, 09/29/05, 10/20/05, 11/03/05, 11/14/05, 02/06/06, 04/13/06, 05/25/06, 06/08/06, 06/22/06, 08/03/06, 08/31/06, 09/14/06, 10/19/06, and 11/16/06

An operative report from Dr. Ippolito dated 04/11/05

X-rays of the right wrist interpreted by Dr. Lee dated 02/06/06

An MRI of the right wrist interpreted by Rudolph H. Miller, III, M.D. dated 04/18/06

A Designated Doctor Evaluation with John S. Townsend, IV, M.D. dated 07/18/06

A pain management evaluation with Claudia Ramirez, M.A., L.P.C. dated 08/14/06

An arthrogram of the right wrist interpreted by H. Stuart Peake, M.D. dated 09/05/06

A physical therapy evaluation with Mark Dodson, P.T. on 09/26/06

An evaluation with Bradley J. Eames, D.O. dated 09/27/06

A chronic pain management program preauthorization request from an unknown provider (no name or signature was available) dated 09/27/06

A request for a pain management program from Phil Bohart, M.S., L.P.C. dated 09/28/06

A letter of adverse determination from Andrew Brylowski, M.D. dated 10/03/06

A reconsideration request letter from Mr. Bohart dated 10/11/06

A letter of denial for the pain management program from Jerome Schmidt, Ph.D. dated 10/18/06

A letter of dispute resolution from LaTrace Giles, R.N. at Texas Mutual dated 12/06/06

Clinical History Summarized:

X-rays of the right hand interpreted by Dr. Lee on 01/03/05 revealed multiple punctate radiopaque fragments over the distal middle phalanx of the fourth finger with some deformity of the fourth and fifth finger distal phalanxes. On 01/10/05, Dr. Ippolito performed a wrist injection. On 02/07/05, 02/14/05, and 03/16/05, Dr. Ippolito recommended surgery. Dr. Ippolito

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performed an exploration and repair of the scapholunate ligament of the right wrist on 04/11/05. On 05/02/05, Dr. Ippolito removed the sutures. Dr. Ippolito applied a splint on 05/18/05. On 06/01/05, Dr. Ippolito recommended physical therapy. On 08/08/05 and 09/15/05, Dr. Ippolito recommended continued physical therapy. Wrist injections were performed by Dr. Ippolito on 10/20/05, 11/03/05, and 11/14/05. X-rays of the right wrist interpreted by Dr. Lee on 02/06/06 revealed continued multiple punctate radiopaque foreign bodies from the fourth digit with some radial artery arteriosclerotic disease. On 04/13/06, Dr. Ippolito recommended a repeat MRI of the wrist. An MRI of the right wrist interpreted by Dr. Miller on 04/18/08 revealed radial carpal narrowing with some small foci of edema. Wrist injections were performed by Dr. Ippolito on 05/25/06 and 06/08/06. On 06/22/06, Dr. Ippolito recommended continued splinting and observation. On 07/18/06, Dr. Townsend placed the patient at Maximum Medical Improvement (MMI) with a 7% whole person impairment rating. On 08/03/06, Dr. Ippolito recommended a pain management evaluation. On 08/14/06, Ms. Ramirez recommended a chronic pain management program. On 08/31/06, Dr. Ippolito recommended an arthrogram of the wrist. A wrist arthrogram interpreted by Dr. Peake on 09/05/06 was normal. On 09/26/06, Mr. Dodson also recommended a chronic pain management program. Dr. Eames also recommended the program on 09/27/06. Mr. Bohart wrote a letter of request for the pain program on 09/28/06. On 10/03/06, Dr. Brylowski wrote a letter of adverse determination for the pain program. Mr. Bohart wrote a reconsideration letter on 10/11/06. On 10/18/06, Dr. Schmidt wrote a letter of denial for the pain program. On 10/19/06, Dr. Ippolito performed a wrist injection. On 12/06/06, Ms. Giles wrote letter indicating the carrier maintained its position of non-authorization for the pain program.

Disputed Services:

Twenty sessions of chronic pain management

Decision:

I disagree with the requestor. The 20 sessions of a chronic pain management are not reasonable or necessary.

Rationale/Basis for Decision:

According to the most recent progress note by Dr. Ippolito, the surgeon who has been treating this patient since at least January of 2005, the patient no longer has any pain and has no functional limitations or decreased range of motion of the right wrist. Therefore, the necessity for a chronic pain management program is clearly not present. Moreover, the patient has

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already failed interdisciplinary programs, including psychological treatment in a work hardening program, as well as individual psychotherapy, indicating, in all medical probability, that such an approach will not be effective in this patient regardless of the program under which psychological treatment is provided. The initial evaluation for the chronic pain management program indicates the patient speaks only Spanish. This is, perhaps, the reason why previous psychological treatment has failed to provide any significant benefit regarding the patient's pain complaints. There is no documentation in the medical records of any plans that the chronic pain program to accommodate this patient's lack of speaking English. Finally, medical literature does not support admitting a patient to a chronic pain management program for more than five or ten sessions initially to assess compliance and efficacy of such a program. Given this patient's history of failure to respond to psychological treatment in an interdisciplinary work hardening program, as well as through individual psychotherapy, there is clearly a significant medical probability that this patient will not respond to psychological therapy, there by making automatic admission for a full 20 sessions of a chronic pain management program inadvisable and, in all medical probability, unreasonable and unnecessary. Therefore, for all the reasonable listed above, this patient is not an appropriate candidate for a chronic pain management program and the requested twenty sessions of a chronic pain management program, therefore, is not medically reasonable or necessary as related to the work injury, especially in light of the most recent progress note indicating the patient no longer had any pain, nor any functional limitation in range of motion of the right wrist.

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 12/21/06 from the office of RYCO MedReview.

Sincerely,

Amanda Thomas
Secretary/General Counsel