

Parker Healthcare Management Organization, Inc.

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Certificate # 5301

January 31, 2007

ATTN: Program Administrator

Texas Department of Insurance/Workers Compensation Division

7551 Metro Center Drive, Suite 100

Austin, TX 78744

Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-07-0548-01

RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 12.21.06.
- Faxed request for provider records made on 12.21.06.
- The case was assigned to a reviewer on 1.12.07.
- The reviewer rendered a determination on 1.31.07.
- The Notice of Determination was sent on 1.31.07.

The findings of the independent review are as follows:

Questions for Review

Medical necessity of the proposed Psychological testing X 3 hours and biofeedback

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **uphold the denial** on the requested service(s).

Summary of Clinical History

This patient was injured when something fell and struck her left wrist in the grocery store. She developed a first compartment syndrome and was seen by Dr. Mortikye, a chiropractic physician and was also referred to Dr. Thomas Delverti, a hand specialist. She underwent an evaluations, injections, and conservative care. She ultimately had a carpal tunnel release and then developed stenosing tenosynovitis for which he also has discussed possible surgery.

The records reflect that the patient was referred for pain management almost from the outset of her care, her injury occurring in _____. By April of 2004 she had been referred for evaluation for chronic pain management.

Clinical Rationale

Based on the records provided, it is clear that this individual has a traumatic injury that caused a physical damage to her wrist and first compartment. That physical damage has been partially treated with a surgical procedure, and she has returned to work. She has had testing showing no signs of compression

on BDI and other psychological assessment tools. While she may have continued pain and it is likely related to an orthopedic musculotendinous problem, it does not interfere with her ADLs or her ability to work light duty, nor does it appear to be a problem that will not improve with orthopedic treatment and conservative measures such as oral anti-inflammatories.

There is no basis for foundation of psychological barriers to her recovery as she has physical barriers to her recovery. Therefore there appears to be no real indication for psychological treatment to her physical problems and that the physical treatment recommended by Dr. Delverti appears to be the best course of action. There is no evidence to suggest a chronic pain syndrome or RSD documented in Dr. Delverti's notes – and he is the expert in the arena of this person's injury.

Therefore, based on reasonable standards of care for the region for someone with stenosing tenosynovitis and carpal tunnel syndrome, chronic pain management, psychological assessment, and biofeedback are unwarranted and unnecessary in a person that is functioning in ADLs and light duty work.

Clinical Criteria, Utilization Guidelines or other material referenced

N/A

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code 21.58C and the rules of Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC's list of approved providers or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and the treating and/or referring 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 IRO. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

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. The address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to the Texas Department of Insurance /Division of Workers Compensation, the requestor (if different from the patient) and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker (the requestor) applicable to Commission Rule 102.5 this 31st day of January, 2007.

Meredith Thomas
Administrator
Parker Healthcare Management Organization, Inc.

CC: Injury 1 Treatment
Attn: James Odom

American Home Assurance
Attn: Raina Robinson