



IMED, INC.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: 07/02/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Acromioplasty and decompression with rotator cuff repair of the left shoulder, and release of the shoulder ligament.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THIS DECISION:

Texas License and currently on TDI DWC ADL.
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Medical records of Dr..
2. MRI of the left shoulder dated 02/4/01.
3. EMG/NCV study dated 06/19/01.
4. Operative report dated 09/26/01.
5. Medical records of Dr.
6. Medical records of Dr.
7. Psychiatric evaluation dated 11/20/02.
8. Medical records of Dr.
9. MRI of the left shoulder dated 09/25/03.
10. Medical records of Dr.
11. EMG/NCV study dated 07/19/04.
12. Functional Capacity Evaluation.
13. Required Medical Evaluation ed 10/06/06.
14. MRI of the cervical spine dated 11/20/06.

15. MRI of the left shoulder dated 11/20/06.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The claimant, has a longstanding left shoulder history first reported. Dr. diagnosed the claimant with a shoulder strain and a mild impingement syndrome.

The available records indicate the claimant was provided conservative care that included physical therapy, oral medications, and injections. The claimant was also reported to have a compressive median neuropathy and was taken to surgery on 09/26/01 for an endoscopic carpal tunnel release. An EMG/NCV performed prior to surgery indicated a mild left median neuropathy. An MRI of the left shoulder performed on 02/14/01 indicated minimal to moderate supraspinatus tendinopathy.

The claimant made no significant improvement after surgery and was opined to have neuropathic pain. The claimant received several stellate blocks for this condition, which failed to provide any significant relief.

The claimant was eventually placed at Maximum Medical Improvement (MMI) by Dr. on 07/23/02 and assessed with a 7% whole person impairment.

The available records indicate that the claimant has received multiple diagnoses that are not validated by objective data. These records indicate that the claimant had been diagnosed or reported failed carpal tunnel releases, cervical radiculopathy not validated by electrodiagnostic studies, RSD/CRPS not validated by invasive procedures or examination. The claimant was initially found to have a supraspinatus tendinopathy with initial imaging. A new imaging study dated 11/20/06 reported a partial thickness tear of the supraspinatus and degenerative arthritis of the acromioclavicular joint. The records indicate the claimant has undergone extensive conservative care without improvement. A request has been placed for an acromioplasty and decompression with rotator cuff repair of the left shoulder and release of the shoulder ligament.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The claimant has a longstanding history of multiple diagnoses not validated by objective data. The claimant has undergone multiple interventions and extensive care with no improvement.

The records suggest that the claimant has underlying somatic issues that would preclude any operative intervention from providing this claimant relief or improvement. This claimant is a poor surgical candidate and unlikely to improve given her history of treatment.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- A. Theodore Doege, M.D., Thomas Houston, M.D., et al. The *American Medical Association Guidelines to the Evaluation of Permanent Impairment*, 4th Edition, 4th Printing, October, 1999.
- B. The *Official Disability Guidelines*, 11th Edition, The Work Loss Data Institute.
- C. The *American College of Occupational and Environmental Medicine Guidelines*.