

True Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: February 13, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

PT 2 X 4

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

Doctor of Medicine (M.D.)

Board Certified in Orthopaedic Surgery

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

No OD Guidelines

Total pages 519

Total pages from Dr. 144

Total pages from Patient 21

Adverse Determination Letters, 12/5/07, 12/20/07

Records from Dr. 9/15/05 to 12/12/07

Left shoulder MRI and xray report 9/2000 thru 7/4/05

Op report (shoulder) 11/19/01, 11/18/02

EMG 1/30/02 thru 2/6/02

IRO Summary Docket No dates

Records from Dr. 2/4/04

Drug screen 2/4/04

Records from Dr. 3/18/04 to 9/6/07

Shoulder Exams 8/2000 thru 9/2007

Chest Exams 6/2002 thru 4/2006

HEALTH AND WC NETWORK CERTIFICATION & QA 2/25/2008

IRO Decision/Report Template- WC

Sullivan 2/01
Arora 5/01
MacMaster 3/02
Blair 12/03
Shoulder Arthroscopy Acromioplasty's 10/00 thru 6/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient had multiple shoulder surgeries with complications such as chronic pain, persistent impingement, arthrosis, and a long thoracic nerve injury causing scapular winging. She ultimately underwent a scapulothoracic fusion and received extensive postoperative rehab.

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

The patient obviously has a very complex shoulder problem that will certainly lead to a level of long term disability and chronic pain. However, the fusion is healed and her continuing symptoms are most likely a combination of glenohumeral arthrosis and shoulder dyskinesia. She really has not demonstrated significant improvements post surgery and has received extensive rehab. The Reviewers medical assessment is that further supervised therapy would not be any more beneficial than unsupervised therapy.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)