

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 7, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Rt Shoulder Acromioplasty/RCR/Distal Clavicle resection (23412)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
719.41	23412		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 27pages of records received from to include but not limited to: MRI Rt Shlder 6.22.05, 9.28.06; Medicine re-evaluation 5.7.07; notes, Dr., 9.14.06-11.7.07;MRI Rt wrist, 4.6.04; MRI Lt wrist 4.6.05; Electrodiagnostic study 3.15.04

Respondent records- a total of 21 pages of records received from to include but not limited to: note, 2.10.05; letter 12.3.07; 12.3.07; peer review, 2.17.05; 10.24.06

Respondent records- an estimate of 1000 plus pages of records received from Law Office of to include but not limited to: letter from Law Office of 12.21.07; carrier's position statement; claim center denial summary; claim appeal denial summary; payment history screen for IRP payment; payment history screens for treatment; ODG treatment for shoulder; claim information bill review; 12.3.07; PLN11 4.4.07; peer review 2.17.05; PLN 11 12.27.05; Chiropractic notes, 3.26.04-12.13.07; Diagnostic FCE 3.4.04, 7.7.04, 8.17.04, 5.24.05, 6.21.05, 8.16.05, 9.6.05, 10.25.05,

11.17.05, 3.7.06, 5.9.06, 7.18.06; notes, 2.19.004, 2.23.04, plus; EMG 3.15.04; Medical Consultants, 4.11.04; DFW MRI Rt wrist, 4.6.04; MRI Lt wrist 4.6.04; Inc, 5.18.04; Orthopedic Clinic notes, 5.6.04-12.27.05; RME 7.7.04; Evaluation report 4.13.05; Surgery Center, notes 4.25.05; Surgery Center notes, 5.11.05, plus; DFW MRI Rt Shoulder 6.22.05, 9.28.06; MRI left shoulder 6.22.05; Dr. 9.1.05-11.3.05, plus; DDE report, 3.15.06, 3.16.06; Exams, 2.28.06; notes, Dr., 8.14.06-11.20.06; notes, Dr. 9.14.06-1.18.07; letter 11.12.07, 12.3.07; decision and order; Electrodiagnostic study 3.15.04

Requestor records- a total of 43 pages of records received from M.D. to include but not limited to: notice of IRO; Dr., notes, 9.14.06-1.18.07; MRI Rt Shlder 9.28.06; MRI Rt wrist, 4.6.04; MRI Lt wrist 4.6.05; Electrodiagnostic study 3.15.04; FCE 5.9.06; progress report 5.16.06; report 2.7.06-5.9.06

Requestor records- a total of 40 pages of records received from Chiropractic to include but not limited to: Chiropractic notes, 11.14.05-12.13.07; decision and order; MRI lft shoulder 6.22.05; letters 1.26.07; notes, Dr. 11.20.06; case conference note, 6.14.07; MRI Rt Shoulder 6.22.05, 9.28.06; Behavioral Medicine re-evaluation 5.7.07; NCV study 12.13.06; Orthopedic Clinic notes, 12.27.05

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury, while employed.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

There is no anatomical information presented, MRI, x-ray, or other, to identify ongoing anatomical impingement. To the contrary, an MRI of the right shoulder was obtained dated that was read by the same radiologist who had read a previous MRI - and it makes no mention of the previously noted "moderate degree soft tissue and bony acromial clavicular joint hypertrophy reduces the subacromial arch".

The rationale for repeat surgery would be anatomical evidence of continued impingement that was not corrected at the time of prior surgery in association with ongoing functional impingement, evidence of a new lesion, or failure to correct a prior lesion. Since, that is not the case according to the medical records, medical necessity was not established. Therefore, the denial is upheld.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES