

SENT VIA EMAIL OR FAX ON
Oct/27/2009

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office Visit with Neurosurgeon

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

Board Certified Neurologist with 30 years experience in clinical practice

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

OD Guidelines

Denial Letters 9/29/09 and 10/6/09

Medical Clinic 6/14/07 thru 9/29/09

Dr. 6/3/09 thru 8/12/09

Dr. 10/1/07

FCE 5/1/08 and 8/28/08

MRI 9/19/07 and 8/16/06

OP Report 11/3/06

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx, Ms hurt her shoulder and neck at work when trying to grasp a falling bucket. She had right shoulder surgery in November 2006 but has had continued pain in right arm and neck ever since. Electro-diagnostic testing in 2006 was said to be normal. Swelling of the right arm was noted 10/07; worse in June 2009. In 2008, ROM of right shoulder was flexion 50 deg.; abduction 60 deg. In June 2009 right shoulder flexion and abduction 20 degrees. Post op MRI shoulder shows only minor rotator cuff tear. A FCE examination showed negative Waddell's testing. Physical therapy did show some initial improvement in the range of motion of the shoulder

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

What is the diagnosis as to the source of this patient's pain? Why is there edema of the right arm? Why is there progressive loss of range of motion of the right shoulder? Various tentative diagnoses are implied or suggested. Is this patient a malingerer (negative Waddell's testing is against this)? Frozen shoulder, reflex sympathetic dystrophy and stroke have been suggested but not definitively diagnosed. Other less likely possibilities include venous or lymphatic obstruction. Are there physical factors contributing to her pain (regardless of the diagnosis)? Is she tossing and turning at night as a mechanism of continuing pain? Is she misusing narcotic medication by performing strenuous activity after narcotic use? She needs to see a physician who has the expertise and has the freedom to order the appropriate tests to make a definitive diagnosis. A neurologist was suggested in 2007 and this would be appropriate in this circumstance.

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

ACOEM-AMERICA 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)