

IRO America Inc.

An Independent Review Organization

(IRO America Inc. was formerly known as ZRC Services Inc. DBA ZiroC)

7626 Parkview Circle

Austin, TX 78731

Phone: 512-346-5040

Fax: 512-692-2924

July 22, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M5-05-2355-01

IRO #:

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission (TWCC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed provider, board certified and specialized in Chiropractic care. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO assignment, Medical Records from Requestor, Respondent, Treating Doctor (s), including: Medical record review from Radie Perry MD, office notes from Darrell Franks MD, progress notes from Covenant Medical Group, x-rays of right shoulder from Lubbock Radiology, pelvic MRI from Lubbock Radiology, Lumbar MRI from Lubbock Radiology, right shoulder MR arthrogram from Lubbock Radiology, physical therapy notes.

CLINICAL HISTORY

This is a 42 year-old female who reported a work injury on 11/___/2002. She stated was trying to help a student sit in her wheelchair. When she pulled the student up and sat back, she injured her shoulder. Apparently, this patient did not report the injury until 2/14/2003. There are questions as to the dates of treatment and the report of injury. X-rays on 1/03/2003 were normal and a shoulder MR arthrogram revealed a partial thickness tear of the supraspinatous. She underwent physical therapy from 6/28/2003 through 7/7/2004.

DISPUTED SERVICE (S)

Under dispute is the medical necessity of 97010 Hot/Cold packs, 97110 Therapeutic Exercise, 99203 PT Office Visit, 97035 Ultrasound, 97012 Mechanical Traction, 97140 Manual Therapy Technique, for dates of service 6/30/2004 thru 8/19/2004.

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier in this case.

RATIONALE / BASIS FOR DECISION

Based on the medical information provided and the fact that surgery was not recommended or performed, this patient should have reached MMI one-year post injury or at the latest one year from the report of injury. All services in dispute are unreasonable and unnecessary. This case appears to be protracted out for unknown reasons. According to the *Texas Workers' Compensation Commission Upper Extremity Treatment Guidelines § 134.1002*, a surgical or non-surgical case such as this one, would show the patient reaching MMI one-year post injury. Obviously, the non-surgical case would reach MMI sooner. All of the passive modalities used that are in dispute would have been exhausted within the first three months of the primary levels of care, but could be used within six months from the date of injury if combined with active therapy (TWCC Figure14: 28 TAC§134.1002(f)(5)(E)). Protracted care and passive modalities this late tend to promote chronicity. Therapeutic exercises would not benefit a patient this late as the final step for patient recovery would be a work conditioning/work-hardening program. Most guidelines, particularly those of the *Quality Assurance and Practice Parameters*, would support that no treatment is recommended for chronic conditions to prevent the deleterious onset of physician dependence, somatization, continued chronicity, illness behavior, and de-conditioning all of which are adverse and lead to over utilization.

Screening Criteria

1. Specific

Texas Workers' Compensation Commission Upper Extremity Treatment Guidelines § 134.1002

Quality Assurance and Practice Parameters

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized

standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer