

IRO America Inc.

An Independent Review Organization

7626 Parkview Circle

Austin, TX 78731

Phone: 512-346-5040

Fax: 512-692-2924

April 27, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TDI-DWC #:

MDR Tracking #:

IRO #:

M5-06-1226-01

5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC 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 DWC 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 the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carriers health care providers who reviewed the case for decision before 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, records from the Requestor, Respondent, and Treating Doctor(s), including: MRI of right humerus dated 10/31/2005, notes from Jeffery Reuben MD, notes from Blanche Khan MA LPC, RME from Carrie Schwartz DC, peer review from Thomas Sato DC, benefit review conference dated August 1, 2005.

CLINICAL HISTORY

This Patient stated he was injured on June 1, 2005 while in the scope of his employment. The Patient stated he was pushing tractor plates on a machine with wheels that weighed approximately 300-500 lbs when he felt a snap in his right arm. He stated he went home and his right arm swelled up and then he called an ambulance. X-rays were taken and he was told he had

a fracture of the right arm. On October 31, 2005 an MRI of the right arm was performed, and a complex fracture involving the mid-diaphysis of the humerus with 4-5 mm separation of fracture fragments.

DISPUTED SERVICE(S)

Under dispute is the retrospective medical necessity of 99212-office visit, 97110-therapeutic exercise, 97112-neuromuscular re-education, 97140-manual therapy technique for dates of service 9/06/2005 through 11/23/2005.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The Reviewer's medical assessment is that the, chiropractic treatment or any of the disputed services were medically necessary. The Reviewer is agreement with the peer review from Thomas Sato DC, in that both the *ACOEM* and the *Official Disability Guidelines* do not support chiropractic treatment for fractures. The MRI was performed 6 months later, which should have been done immediately, based on the history, patient presentation and from the x-ray findings. The Reviewer is confused as to why therapeutic exercises, neuromuscular re-education and manual therapy techniques would be employed based on the x-ray findings along with The Patient still unable to achieve complete range of motion, decreased strength and continued complaints of pain. This contradicts treatment as outlined in the *Texas Guideline for Chiropractic Quality Assurance and Practice Parameters*. Office visits would be a part of the ongoing evaluation of The Patient's progress, however, the chiropractor is not qualified to monitor or treat the fractured humerus. There was no damage to the muscle tissue so the neuromuscular re-education is unnecessary, therapeutic exercises would also be unnecessary for the same reason.

Screening Criteria

1. Specific:

- Texas Guideline for Chiropractic Quality Assurance and Practice Parameters
- Official Disability Guidelines
- ACOEM

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 DWC 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 facsimile, a copy of this finding to the DWC.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to DWC via facsimile, on this 27th day of April, 2006.
Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer