



Specialty Independent Review Organization, Inc.

March 16, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-1142-01
IRO #: 5284

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

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO health care professional 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 Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

This 35 year old female was injured on ___ while working for Johnson and Johnson. Her injury occurred while working as a machine operator. As she was operating a machine the engineers for Johnson and Johnson increased the speed of the products being produced in the assembly line. This increase in speed caused her to reach out further as the products were going by her at an increased rate. As she was reaching she felt a "pop" in her right shoulder. This injury occurred on ___ and she had significant pain over the weekend. When she returned to work after the weekend she saw the company nurse who placed an ice pack on her right shoulder and returned her to light work duty.

Patient was treated with NSAIDs and steroid injection however the patient did not improve. On 10/27/2000 a right shoulder arthroscopy with decompression was performed. Patient remained off work until 01/14/2001 and then developed pain in the shoulder again. The patient continued to be treated conservatively and underwent another surgery on the right shoulder on 05/07/2002. The surgery was a repair of the right rotator cuff and acromioplasty. The report of 01/10/2005 states the patient has muscle spasm, reduced range of motion, and trigger points in the right shoulder.

A progress note of 12/07/2004 reports: Pain has not been relieved by conservative treatment, pain disrupts sleep, pain limits daily activity, loss of motion, and continued weakness in the right shoulder.

Records Reviewed:

Letter from Broadspire – 12/14/2004, 12/18/2004.

Records from Carrier – Broadspire Letter, 03/10/2005.

Additional Records Doctor/Facility:

Esquibel, DC – 11/22/2004

Eggert, DC - Office Records & Letters – 08/23/2002 to 08/08/2004.

McConnell, MD – 04/03/2003.

Harney, MD – 09/06/2001.

Diamond, MD – 11/08/2001.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of an MR arthrogram to the right shoulder.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the patient has had chronic discomfort in the right shoulder since _____. She has had 2 surgeries on the right shoulder and continues to have pain that has not responded to NSAIDs, injections, or therapy for more than 3 months. The pain limits her daily activity and she has persistence of the symptoms. An MRI of the shoulder without contrast can give false positives as to the labral tear and reinjury of the rotator cuff. The arthrogram will help delineate these structures and will be beneficial in aiding the diagnosis.

Campbell's Operative Orthopedics, 10th Edition
Rockwood, C – THE SHOULDER

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations

regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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

Sincerely,
Wendy Perelli, CEO

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 17th day of March 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli