

IRO America Inc.

An Independent Review Organization

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

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August 26, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____
TWCC #: _____
MDR Tracking #: M2-05-2053-01
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 MD, board certified and specialized in Orthopedic Surgery. 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, information provided by Requestor, Respondent, and Treating Doctor(s) including: Office notes Dr. Sardenas, 2-12-04 MRI report shoulder, 5-20-04 MRI lumbar spine report, 6-18-04 MRI left knee report, 8/6/04 Op Note 10-19-04 FCE, 11-11-04 Long Point Medical Clinic, 12-30-04 WHP note, 1-13-05 WHP, 1-18-05 FCE # 2, 3-3-05 RME M Cowan, DO, 4-19-05 Joseph DaJose, PT Appeal Letter, 4-21-05 OV Dr. Sardenas, 5-23-05 TASB letter of denial, 7-12-05 TASB letter of denial.

CLINICAL HISTORY

1-29-04 OTJ

Office notes Dr. Sardenas

2-12-04 MRI report shoulder

5-20-04 MRI lumbar spine report

6-18-04 MRI left knee report

8/6/04 Op Note AA left knee. Alfredo Sardenas, MD.

10-19-04 FCE deficiencies of 94% standing and walking. See report. 2 Waddell. D. Mod to severe psych distress Attends several psychtx sessions: cooperative.

11-11-04 Long Point Medical Clinic: pt improving in lifting, standing walking. Sh and R K rom better.

12-30-04 WHP note documents no improvement but also documents, "increase shoulder, back and knee problems from...*recent fall*" Psych note same day documents patient was attentive and cooperative.

1-13-05 WHP shows improvement in almost every measure.

1-18-05 FCE # 2: improvement in deficiencies is documented. Oswestry better by 3 % and only 1 Waddell.

3-3-5 RME M Cowan, DO: OTJ 1-29-4. Slipped on cheese on R shoulder and back. I pain R shoulder, lb, and L K. NSAID, Dr. Sardinas. XR neg.> mri sh = tendonitis sh, no cuff tear, bursitis, spurs glenoid and gr tuber, AC degen, subacrom impinge.TX: PT. 5/1: AA shoulder, synovectomy and subacromial decomp and shaving. Postop much better. May 04, PT, pt c/o lbp and L leg. Sh better. MRI 5/04: disc bulge, foram 45 and 51. c/o L K>MRI L K = effusion, small tear lat meniscus and degen med men. 8/9/4 AA L K: synovectomy, med meniscectomy, partial lat men, chondroplasty and lysis of adhesions. L K improved. 11/30/4 behavioral assessment. PT for lbp.PE dec sh rom/lb no spasm or tend/L K rom etc neg/neuro dtrs no radic fingigs. DX lb muscle strain REC: PT x 3 mos. NOT MMI.

4-19-05 Joseph DaJose, PT Appeal Letter: patient improved during first portion of WHP as evidenced by the intake FCE and FCE in Jan 05. Part of the lack of improvement the denial refers to was secondary to a fall at home on 12-23-04 [letter gives good explanation of rationale]. The other reason for plateau was although patient made progress, she had not achieved ability to RTW. Also, Dr. Cowan agreed that patient was not at MMI and recommended that PT continue for 3 months [good appeal letter].

4-21-05 OV Dr. Sardenas: not at MMI. Dr. Cowan agrees. Both want more WHP.

5-23-05 TASB letter of denial: Preauthorization denied for 10 sessions of work hardening.

Rationale: claimant has completed six weeks of work hardening without improvement.

7-12-05 TASB letter of denial: patient had 6 weeks of WHP with minimum progress over the last 3 weeks. Claimant's current performance was not compared to her actual job requirements. For instance, she does not have to perform a 100 lb arm lift nor a 100 lb torso lift. [but there is a table in the fce titled "Job Demands and Outcomes/ADL" that documents the job req and her present capacity. The job req is 100 lbs according to the FCE report] Has achieved maximum benefit. No mention in this denial letter of the accident patient had at home, documented in the WHP progress note of 12-30-04.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent medical necessity of 10 sessions of work hardening.

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The carrier is correct that for approximately 3 weeks of the work hardening program (WHP) there was a plateau of improvement. But the carrier failed to acknowledge the reason for the plateau of progress, the patient's accident at home, documented in the 12-30-04 progress note and by Mr. DaJose's Letter of Appeal of 4-19-05. This accident creates an extenuating circumstance which should be taken into account. To that point, the patient had made progress and was compliant, also documented by Mr. DaJose. Also supporting the patient's appeal was the RME report of 3-3-04 from Dr. Cowan who recommended more physical therapy because the patient was not at MMI.

Screening Criteria

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 literature 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

Cc: [Claimant]

Long Point Medical Clinic

Attn: Carmen Gonzalez

Fax: 713-722-8830

TASB

Attn: Jackie

Fax: 888-777-8272

Alfredo Sardinias, MD

Fax: 713-869-0336

YOUR RIGHT TO REQUEST A HEARING

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

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Name/signature

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 26th day of August, 2005.

Name and Signature of Ziroc Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer