



Specialty Independent Review Organization, Inc.

August 31, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-2166-01
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 Medical Doctor with a specialty in Psychiatry. 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

Mr. ___ is a 52-year-old male with a shoulder injury on ___ and diabetes. Now s/p rotator cuff surgical repair (12/16/2004) with residual shoulder impingement and adhesive capsulitis. He had three weeks of post-op physical therapy and returned to modified work schedule on 3/7/2005. He developed increased shoulder pain and "frozen shoulder." He saw an orthopedic physician on 5/19/2005 who advised gravity assisted motion. He stopped work on 5/24/2005 due to shoulder pain and lack of shoulder mobility. He is prescribed Klonopin, Davocet and Ibuprofen. His pain rehab physician requested a 4-week chronic pain management program on 5/31/2005. This was denied because lesser levels of care had not been done. It was suggested the patient have capsular release, gravity assisted motion exercises and/or subacromial injections. The patient was laid off his job on 6/4/2005 due to planned reduction of work force. He was referred for work conditioning and cognitive therapy. There was no indication these had been approved

yet. An independent examination advised the patient should return to his surgeon to see if manipulation under anesthesia or additional arthroscopic exam were indicated. An appeal for a 4-week chronic pain management program was also denied. The request for the chronic pain program is now brought for independent review. There is no record of psychiatric evaluation or treatment.

Records Reviewer:

Zurich letters 6/15/05, 6/26/05, 8/1/05

_____ letter 7/13/05

Dr. Polatin notes 11/10/04, 11/17/04, 12/1/04, 5/3/04, 6/30/05, 7/12/05

Ronald Johnson letter 8/8/05

Radiology report 11/23/04

Dr. Tonn report 6/30/05

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of chronic pain management.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer agrees with the denial of the CPM program at this time until the suggested levels of care are tried it would be premature to enter a chronic pain program. The reviewer agrees with Dr. Tonn's treatment suggestions.

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 31st day of August 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli