

# IRO America Inc.

## An Independent Review Organization

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October 19, 2005

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: \_\_\_\_\_

TDI-DWC #: \_\_\_\_\_

MDR Tracking #: M2-05-2199-01

IRO #: 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 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 M.D., 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**

Medical Records from Requestor, Respondent, Treating Doctor (s), including: daily notes from treating doctor, operative report, office notes from John Wey MD.

### **CLINICAL HISTORY**

This is a 23 year old male who was injured on \_\_\_\_, while unloading a truck by himself. The Patient states he hyper extended his left arm when he put his arm up to cover his face from a 50 pound box that was going to fall on him. The Patient is employed as a "dock laborer" and is required to repetitiously lift and maneuver various boxes and supplies ranging in weights of 5 lbs to 150 lbs. The Patient states that his job duties and functions are of a medium to heavy work capacity status.

### **DISPUTED SERVICE(S)**

Under dispute is prospective and/or concurrent medical necessity of 6 weeks (30 sessions) of work conditioning.

### **DETERMINATION/DECISION**

The Reviewer disagrees with the determination of the insurance carrier.

### **RATIONALE/BASIS FOR THE DECISION**

Based on the information that this patient underwent surgery on 12/28/2004 for left shoulder capsular reconstruction, work conditioning is reasonable and medically necessary to return this patient safely back into the work force without significant risk of re-injury. The treatment given follows the *Texas Workers' Compensation Commission Upper Extremity Treatment Guidelines §134.1002* and the *Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters*. This treatment would not be warranted if surgery was not performed to the injured area, however, since the surgery was performed and a post surgical rehab was implemented to reduce scar tissue formation, work conditioning would be the next step to return the patient as close as possible to a pre-accident status and achieve Maximum Medical Improvement.

#### **Screening Criteria**

1. Specific:

Texas Workers' Compensation Commission Upper Extremity Treatment Guidelines §134.1002. Texas Guidelines for Chiropractic 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 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]

Patrick R.E. Davis  
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Travelers Indemnity Co.  
Attn: Jeanne Schafer  
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John Wey, M.D.  
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Don Buford Jr., M.D.  
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Mark Carlson, D.C.  
Attn: Medical Records  
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## **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.

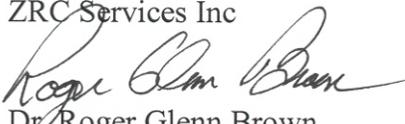
If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the 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 the carrier, requestor, claimant (and/or the claimant's representative) and the DWC via facsimile, U.S. Postal Service or both on this 19<sup>th</sup> day of October, 2005.**

**Name and Signature of IRO America Representative:**

Sincerely,  
ZRC Services Inc



Dr. Roger Glenn Brown  
Chairman & CEO