



7600 Chevy Chase, Suite 400  
Austin, Texas 78752  
Phone: (512) 371-8100  
Fax: (800) 580-3123

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** September 28, 2005

**Requester/ Respondent Address:**

DWC  
Attention: Rebecca Farless  
7551 Metro Center Drive, Suite 100, MS-48  
Austin, TX 78744-1609

Brad Burdin, DC  
Attn: Jessica  
Fax: 210-690-0399  
Phone: 210-690-6992

Fidelity & Guaranty Ins c/o FOL  
Attn: Katie Foster  
Fax: 512-867-1733  
Phone: 512-435-2266

**RE: Injured Worker:**

**MDR Tracking #:** M2-05-2309-01  
**IRO Certificate #:** IRO 5263

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Division of Workers' Compensation (DWC) at the Texas Department of Insurance has assigned the above referenced case to Forté for independent review in accordance with DWC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Chiropractic reviewer who has an ADL certification. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

**Submitted by Requester:**

- Table of records sent
- Examination reports
- Daily notes
- Designated doctor reports
- MRI reports
- X-ray reports
- Range of motion exam reports
- Muscle testing exam reports
- FCE reports
- Letters to the Texas Workers' Compensation Commission

**Submitted by Respondent:**

- Denial letter
- Examination from an RME doctor
- Two notes from the treating doctor
- Statement letter

**Clinical History**

According to the supplied documentation, the claimant sustained an injury on \_\_\_\_ when he was coming out of a storage room and was hit by a swinging door that caused him to fall backwards and land on his left upper extremity. On 7/21/03, plain film x-rays of the left shoulder were normal. On 7/29/03, a bone scan of the left forearm, wrist and hand revealed a recent fracture of the distal end of the left radius and increased metabolic activity of the left triquetrum. On 8/1/03, plain film x-rays of the hand were normal. On 8/14/03, an MRI was performed on the left wrist which revealed intraarticular recent fracture of the distal end of the radius with the fragments in good position.

An EMG was performed on 11/9/04 that revealed severe carpal tunnel syndrome bilaterally. On 10/13/03, an MRI of the left shoulder revealed degenerative osteoarthritis of the acromioclavicular joint which had resulted in accumulation of fluid. Therapy continued with the treating chiropractor. On 7/14/04, the claimant underwent surgery to his left shoulder. A daily note by the treating doctor dated 12/17/04 revealed the claimant should be released to work without restrictions and continue a home exercise program.

On 5/16/05, the claimant was seen by Jose Castillo, M.D. for a designated doctor evaluation. Dr. Castillo placed the claimant at MMI on 12/29/04 with a whole person impairment of 16%. On

September 28, 2005

Page 3

6/29/05, the treating chiropractor suggested the claimant repeat the MRI on his left wrist. The documentation ends here.

**Requested Service(s)**

MRI of the left wrist

**Decision**

I agree with the carrier that the services in dispute are not medically necessary.

**Rationale/Basis for Decision**

According to the supplied documentation, the claimant sustained an injury to his left upper extremity including his shoulder, forearm and wrist. The claimant underwent an extensive amount of treatment including 2 surgeries, chiropractic therapy and a plethora of diagnostic testing. The claimant reached MMI on 12/29/04 which was agreed upon by the treating doctor as well as the designated doctor. There is approximately a 7 month gap in treatment when the claimant returned to his treating doctor reporting left wrist complaints. The documentation lacked objective material that would justify a repeat MRI of the left wrist. A repeat MRI is considered unnecessary since the initial MRI was negative for wrist complaints and positive only for a radius fracture.

**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.

Chief Clerk of Proceedings / Appeals Clerk  
P.O. Box 17787  
Austin, Texas 78744

Fax: 512-804-4011

September 28, 2005

Page 4

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

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and DWC via facsimile or U.S. Postal Service from the office of the IRO on this 28<sup>th</sup> day of September 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder