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A Division of ZRC Services, Inc.
7626 Parkview Circle
Austin, Texas 78731
Phone: 512-346-5040
Fax: 512-692-2924

April 21, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-7551
FAX: 804-4868

Patient:
TWCC #:
MDR Tracking #: M2-05-0509-01
IRO #: 5251

Ziroc 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 Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc 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. This case was reviewed by a licensed doctor board certified and specialized in orthopedics. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc 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 Ziroc 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

1. Office Records, Dr. C. Arredondo.
2. Office Records, Dr. Jose Diaz
3. 09/06/02 MRI report of shoulder of Mrs. ____.
4. Operative report, 05//06/04, Dr. Diaz.

CLINICAL HISTORY

This is a case of a 74-year old long-term employee of _____ who originally injured her shoulder while working in _____. She works as a sewing machine operator for _____. She sustained a rotator cuff tear in _____ while working and she underwent surgery for repair of the rotator cuff in 1992. In addition, she had a left ulnar nerve transposition and a tenosynovectomy of tendons in the left wrist. She also had a back injury but did not require surgery on her back. She was able to return to work and has worked regularly until this injury occurred. She reported her problems with the shoulder to Dr. Arredondo

who is an orthopedic surgeon and had done the previous surgery on her shoulder. He felt that she had a probable repeat or recurrent tear of the rotator cuff. She had an MRI of the shoulder on 09/06/02 and it demonstrated a cuff tear being approximately 12 x 15 mm in size in the supraspinatus tendon. The shoulder was painful, popping and weak. She desired surgical treatment on the shoulder but was in some type of school and desired to wait until she got out of school. She continued to have difficulties with her shoulder but did undergo surgical repair of the rotator cuff done by Dr. Arredondo. She apparently did not do well after the surgical repair as she was still having symptoms in her shoulder. He felt that she had recurrent tear of the cuff. He referred her to Dr. Diaz who is a shoulder specialist trained under Dr. Rockwood in San Antonio, Texas who is a renowned authority on shoulder problems. Dr. Diaz did another MRI on the shoulder and a tear was identified being approximately 1.7 cm x 1.7 cm. A third surgery was indicated and this third surgery was performed by Dr. Diaz on 05/06/04. He did a repeat repair of the rather large rotator cuff tear and has followed her in his office since the repair was done.

REQUESTED SERVICE

Proposed medical necessity of the proposed MRI to right shoulder- UE any joint without dye.

DECISION

The reviewer disagree with the determination of the insurance carrier; a repeat MRI is medically necessary.

BASIS FOR THE DECISION

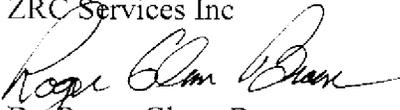
This decision has been made on the medical records that I have been supplied. She has not done well since her surgical repair of the recurrent tear of the rotator cuff. She has continued pain and extreme limitation of motion. Therefore, the reviewer would agree in order to evaluate her properly that a repeat MRI is necessary. This conclusion is based on the evaluations in the office by Dr. Diaz who operated on her shoulder. These evaluations were done on 9/01/04, 9/29/04, and 12/08/04. Since she has not done well since her surgery, and Dr. Diaz suspects that she probably has a recurrent tear of the rotator cuff. To determined this, he has requested a repeat MRI to evaluate whether she has a recurrent tear, and this is, in my view, medical necessary.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy.

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

Ziroc is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO

cc: Old Republic c/o ESIS Inc
Attn: Aracely Alvarado
FAX: 972-465-7701

Jose L. Diaz, MD
FAX: 915-591-0962

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 21st day of April 2005.

Signature of Ziroc Representative:

Sincerely,
ZRC Services Inc


Dr. Roger Glenn Brown
Chairman & CEO