

IRO America Inc.

An Independent Review Organization

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May 24, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: _____

M2-06-0864-01

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 DWC 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 Provider, board certified and specialized in Chiropractic Care. The reviewer is on the DWC 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 the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carriers health care providers who reviewed the case for decision before 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 Case Assignment, Medical Records from Requestor, Respondent, Treating Doctor (s), including: notes from Phil Bohart LPC, notes from John Botefuhr DC, notes from Bradley Eames DO, notes from Mark Dodson PT, FCE dated 1/3/2006, notes from Tracey Duran LPC, notes from Robert Ippolito MD.

CLINICAL HISTORY

This Patient was injured in a work related incident on _____, when she was unloading some large cases of shoes from a dolly. She stated that she was unloading some shoes off of the dolly when she lifted up and felt a sharp pain in her right wrist going up into her shoulder. She

looked down and saw that her right wrist was significantly swollen and noted the same thing on the left but not as bad.

DISPUTED SERVICE

Under dispute is the prospective and/or concurrent, retrospective medical necessity of chronic pain management of 20 sessions.

DETERMINATION / DECISION

The Reviewer disagrees with the determination of the insurance carrier in this case.

RATIONALE / BASIS FOR DECISION

The disputed services of chronic pain management are reasonable and medically necessary according to the *Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters*. The Reviewer's medical assessment is that there were mismanaged steps that have protracted out This Patient's care, however, according to the above mentioned guidelines, The Reviewer's medical assessment is that there is a reasonable positive outcome for This Patient. When a patient plateaus using passive and active care, pain management becomes necessary for a patient to learn how to manage and function with residual pain. By having a patient successfully complete such a program, it reduces the deleterious onset of doctor dependence, somatization, illness behavior, and over-utilization of medical care. Therefore, the 20 sessions of chronic pain management would be beneficial to This Patient's recovery.

Screening Criteria

1. Specific:

- 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 DWC 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 DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer
Cc: _____

Texas Health / Phil Bohart
Attn: James Odom
Fax: 214-692-6670

Hartford Ins. Co.
Attn: Barbara Sachse
Fax: 512-343-6836

John Botefuhr
Fax: 214-368-5656

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 24th day of May, 2006.

Name and Signature of IRO America Representative:

Sincerely
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer