

IRO America Inc.

An Independent Review Organization

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April 24, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: _____

M2-06-0982-01

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 MD, board certified and specialized in Orthopedic Surgery. 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 IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

- Electrodiagnostic study 06/10/03
- Office notes of Dr. Westfield 06/03/04, 08/05/04, 10/06/04, 03/24/05, 02/09/06
- Right shoulder MRI 06/08/04
- Office note of Dr. Wilson 06/29/04
- Bilateral upper extremity NCV 07/20/04

- Office notes of Dr. Burdin 11/29/04, 12/29/04, 01/25/05, 03/29/05, 04/27/05, 06/29/05, 07/27/05, 09/29/05, 10/20/05, 10/24/05, 11/22/05, 12/20/05, 01/24/06, 03/13/06
- Cervical and thoracic x-rays 12/20/04
- Cervical MRI 02/11/05
- Office notes of Dr. Hirsch 04/06/05
- Office notes of Dr. Lambert 05/03/05, 06/07/05, 07/14/05, 12/09/05, 01/13/06
- Record review by Dr. Albrecht 10/17/05
- Non-authorization recommendation 01/16/06

CLINICAL HISTORY

The Patient is a _____ female, injured on _____. Electrodiagnostic studies done on 06/10/03 revealed a history of mild carpal tunnel on the right. She was seen by Dr. Westfield on 06/03/04 with continued complaints of problems with her upper extremities, particularly the right one. A right shoulder MRI done on 06/08/04 revealed a small intrasubstance partial tear of the anterior supraspinatus tendon, but no full thickness tear. Bilateral upper extremity and nerve conduction studies done on 07/20/04 revealed no signs of acute or chronic motor radiculopathy or neuropathy of the bilateral upper extremities.

According to Dr. Burdin's 11/29/04 office note, The Patient was about 2 weeks post Mumford procedure on the right. Cervical x-rays taken on 12/20/04 revealed straightening and thoracic x-rays were normal. On 12/29/04 Dr. Burdin noted that The Patient was making good progress with therapy. On 01/25/05 he recommended continued therapy. A cervical MRI done on 02/11/05 revealed a posterior and central herniation of the disc between C6 and C7 of 1.5 mm causing indentation of the anterior aspect of the thecal sac. A posterior and central herniation of C3-4 was causing indentation of the anterior aspect of the thecal sac. The herniation was of 1.5 mm in its anteroposterior dimension.

According to a 03/24/05 note from Dr. Westfield EMG studies showed cubital tunnel on the right hand. He indicated that the shoulder was improved somewhat, but The Patient was still getting numbness in the ulnar nerve distribution and was very weak in the hand. On 03/29/05 Dr. Burdin indicated that The Patient was still having right shoulder pain and limited function. At that time she also continued with almost constant ulnar nerve distribution symptoms.

The Patient saw Dr. Hirsch on 04/06/05 and the MRI was reviewed. According to the report, she only had a mild disc bulge at C6-7 without thecal sac impingement. Reportedly The Patient continued to have numbness and tingling in both hands and pain on the right side of her neck that radiated down her arm in a C8, T1 distribution. At that time she was unable to lift her arm past 90 degrees actively in abduction and flexion. On 04/27/05 Dr. Burdin reported improvements with regards to the shoulder.

On 05/03/05 The Patient was seen by Dr. Lampert. Medications at that time included Celebrex, Zoloft, Zanaflex, Ultram and Prevacid. On exam she had hypoalgesia of the entire right upper extremity and right lower extremity in no radicular pattern. Sensory deficit was histrionic in nature. There was spasm with tenderness noted in the posterior cervical musculature, mostly in the mid and upper cervical region. Mild tenderness in the right shoulder was noted with mild limitation of abduction, internal and external rotation primarily. Tinel's was elicited at the right wrist. Right elbow tenderness was present and a positive Tinel's sign was elicited. The Patient was to continue her medications and a repeat cervical MRI was recommended. On 06/07/05 Dr. Lampert noted a hypalgesia of the right upper extremity with no radicular pattern. Some suggestion of right C6 was questioned. There was tenderness of the right shoulder with mild to moderate limitation of abduction, internal rotation and external rotation.

Dr. Burdin, on 06/29/05 noted a positive Tinel's at the right cubital tunnel. There was positive hyperflexion at the right elbow producing ulnar nerve distribution symptoms. The Patient had a severely weak right key pinch and her grip strength was weak as well. Reportedly she also had a little bit less density to the hair on the right side of her parietal region of the skull compared to the left. Dr. Burdin documented that she might have some chronic regional pain syndrome and that she had a good response to prior stellate ganglion blocks.

The Patient saw Dr. Lampert on 07/14/05. At that time she had a histrionic sensory deficit of the right upper extremity, although there was some suggestion of right C6 hypalgesia. There was tenderness of the right shoulder with mild to moderate limitation of abduction, external rotation and to a lesser extent internal rotation, extension and flexion. A repeat cervical MRI, continued medications and therapy for the right shoulder and hand were recommended. On 07/27/05 and 09/29/05 Dr. Burdin documented continued complaints. The Patient received what appears to be trigger point injections on 10/20/05, 11/22/05, 12/20/05 and 01/24/06.

On 02/09/06 Dr. Westfield documented that The Patient apparently did not have therapy on her shoulder following surgery and now needed a manipulation of the shoulder. At that time she was still having problems with her right hand and a repeat EMG was recommended. On 03/13/06 Dr. Burdin documented that The Patient had a history of frozen shoulder syndrome of the right shoulder secondary to suspected adhesions. She also had a history of associated pain and numbness in the entire upper extremity to include the right hand. On exam she had very limited motion of the right shoulder being only able to abduct to approximately 90 degrees from the body. Injections were again given to the trapezius and rhomboid regions. A cervical MRI, right shoulder MRI and nerve conduction study of the right upper extremity were recommended.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of repeat MRI-right shoulder.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

Based on the records provided and reviewed The Patient has a myriad of complaints to her right upper extremity. Some of her symptoms are suggestive of an adhesive capsulitis; however it does not appear that she has had a complete evaluation of her shoulder by an orthopedic surgeon. This evaluation would be recommended prior to proceeding with an MRI of the shoulder. There is no general indication for an MRI for the diagnosis of adhesive capsulitis. It does not appear, based on review of the records that The Patient has received a recent course of aggressive physical therapy which may help her right shoulder adhesive capsulitis. A complete shoulder examination is not documented in the extensive records submitted for this review. It is not clear what diagnosis is suspected to be elicited by the MRI by the based on the records provided. Therefore, based solely on the records submitted, the requested MRI is not recommended as medically necessary.

Screening Criteria

1. Specific:

- ACOEM guidelines, Chapter 13, pages 341-342

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 literate 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: _____

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

Contiental Casualty Co. / Gallagher Bassett
Attn: Gale Frost
Fax: 512-416-5322

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 Patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 24th day of April, 2006.

Name and Signature of IRO America Representative:

Sincerely
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer