

P-IRO

An Independent Review Organization
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December 20, 2005

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Delivered via Fax

Patient / Injured Employee

TDI-DWC #

MDR Tracking #:

M2-06-0303-01

IRO #:

5312

P-IRO, Inc. has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Worker's Compensation (DWC) has assigned this case to P-IRO for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

P-IRO 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 MD board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL). The P-IRO 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, information provided by The Requestor, Respondent, and Treating Doctor(s), including:

Left shoulder x-ray 04/29/03

Office notes of Dr. Crow 04/29/03

MRI arthrogram left shoulder 05/21/03

Office notes, provider unknown, 08/21/03, 07/18/05, 08/18/05

Operative procedure 09/17/03

Pain management office note 10/23/03

Operative report 12/15/03

Note 01/09/04 to 02/19/04
MRI cervical spine 03/04/03
Orthopedic consult 04/20/04
Operative report 06/14/04
Therapy notes 08/02/04 to 08/13/04
Pain management notes 08/04/04 to 11/23/04
Operative report 01/05/05
Removal of spinal cord stimulator 01/13/05
Office note of Dr. Crow 02/28/05
Pain management notes 08/25/05, 09/21/05, 10/10/05
MRI arthrogram 09/27/05

CLINICAL HISTORY

The Patient is a 43-year old female who reportedly injured her left shoulder on ___ after picking up a heavy box of papers. She was treated conservatively with medications and therapy with no improvement in pain or function. An MRI arthrogram was obtained on 05/21/03 and revealed a partial thickness tear involving the articulating surface of the supraspinatus tendon, a type III anterior capsular insertion and loose bodies versus possible vascular structures causing low signal densities adjacent to the long head of the biceps.

The Patient subsequently underwent rotator cuff repair on 06/23/03. The Patient continued to report left shoulder pain and was referred to pain management. An examination on 08/12/03 noted the onset of neck pain two months earlier with radiation to the left arm, forearm, wrist and fingers as well as ongoing left shoulder pain and stiffness. There was noted pain at the acromioclavicular joint and allodynia in the left upper extremity and decreased muscle motor testing in the left biceps and triceps. The Patient continued in pain management and was treated with a stellate ganglion block, subscapular nerve block and several injections to the left shoulder.

On 12/15/03, she underwent a T2 and T3 sympathetic nerve block. There was no noted improvement. A cervical MRI was done on 03/04 03 which was normal.

An orthopedic office note on 04/20/04 noted ongoing left shoulder pain and limited function with a question of reflex sympathetic dystrophy. Objective clinical findings noted flexion in the shoulder was to 100 degrees with abduction to 80. There was a positive impingement sign, AC joint tenderness and the entire left arm was sensitive to touch. There was some hyperhidrosis noted along with some color change and slight swelling. On 06/14/04, The Patient underwent left shoulder arthroscopy with capsular release, manipulation under anesthesia, revision acromioplasty, distal clavicle resection and application of an interceed graft.

The Patient continued with left shoulder and neck pain. She underwent a trial of a spinal cord stimulator which was unsuccessful. An office visit on 07/18/05 noted the onset of tingling in the 4th and 5th digits of the left hand. Nerve conduction studies of the left upper extremity were recommended and referral to a vascular surgeon for possible sympathectomy. An office note on 08/18/05 made reference to a second MRI arthrogram recommended by the orthopedist due to suspicion of some instability. This request was initially non-certified based on insufficient evidence to support instability as well as an implied myofascial component to The Patient's pain. There is a medical dispute regarding the medical necessity for the MRI arthrogram.

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of Left shoulder MRI/arthrogram.

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

After review of the extensive records provided, The Reviewer cannot recommend the left shoulder MRI arthrogram as being medically necessary. There is no evidence to support glenohumeral instability on physical examination. The Patient has undergone two arthroscopies and there is no indication of any new pathological finding or new injury that would warrant this study. There is no indication that the results of this procedure would alter this claimant's clinical course.

Screening Criteria

1. Specific:

Orthopedic Knowledge Update 8, Vaccaro, editor, Chapter 11, page 126-127

ACOEM Chapter 9

Imaging may be considered for a Patient, whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases:

- When surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). Magnetic resonance imaging and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because it demonstrates soft tissue anatomy better.
- To further evaluate the possibility of potentially serious pathology, such as a tumor.

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.

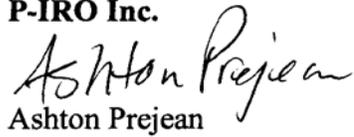
CERTIFICATION BY OFFICER

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

As an officer of P-IRO Inc., I certify that there is no known conflict between the Reviewer, P-IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

P-IRO 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,
P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer

Cc: Zurich American Ins. Co. / FOL
Attn: Katie Foster
Fax: 512-867-1733

Steven Crow
Fax: 806-799-1817

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, patient (and/or the patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 20th day of December, 2005.

Name and Signature of P-IRO Representative:

Sincerely,
P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer