

IRO America Inc.

An Independent Review Organization

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January 31, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TDI-DWC #:

MDR Tracking #:

IRO #:

M2-06-0483-01

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:

- Office notes of Dr. Rampbal 03/07/05, 03/09/05
- Physical therapy notes 03/15/05 and 03/24/05
- Right shoulder MRI 03/29/05
- Office notes of Dr. Scroggins 06/15/05, 08/01/05, 09/16/05, 10/05/05
- Chiropractic notes 06/27/05 to 07/27/05, 08/08/05 to 09/07/05, 09/23/05, 09/28/05, 09/30/05, 10/05/05 10/06/05 to 10/13/05, 10/19/05

- Electrodiagnostic studies right upper extremity 07/27/05
- DDE with Dr. Kosoy 08/02/05
- Office notes of Dr. Wey 08/05/05, 09/12/05, 10/03/05
- Pre-certification request 10/25/05

CLINICAL HISTORY

The Patient is a 39 year old male injured on ___ after lifting a box spring. He was seen by Dr. Rampbal on ___ with complaints of a right shoulder injury. On exam he had decreased range of motion and tenderness in the anterior area of the acromioclavicular joint. X-rays showed a possible chip fracture on the distal inferior lip of the acromion. Diagnoses included acromioclavicular strain, shoulder strain, and rule out chip fracture acromioclavicular joint. Arthrotec, Flexeril, physical therapy, and modified work activities were prescribed. On 03/09/05 Dr. Rampbal noted that The Patient had difficulty raising his right shoulder and that the x-ray was read as negative for a fracture or separation by the radiologist. On 03/15/05 and 03/24/05 The Patient attended physical therapy.

A right shoulder MRI done on 03/29/05 revealed acromioclavicular degenerative joint disease and subacromial-subdeltoid bursitis. No rotator cuff tear was seen. On 06/15/05 The Patient was seen by Dr. Scroggins, chiropractor, with complaints of right shoulder aching, throbbing and tingling. Exam revealed decreased range of motion and a weak subscapularis. Trigger points were present in the right trapezius muscle and right rhomboid muscle group. Ultrasound, manipulations, deep muscle therapy, electrical stimulation, massage, and physical therapy exercises were prescribed. Between 06/27/05 and 07/27/05 The Patient attended six chiropractic sessions. Electrodiagnostic studies of the right upper extremity performed on 07/27/05 were within normal limits. A designated doctor's examination performed by Dr. Kosoy on 08/02/05 indicated that The Patient had not reached maximum medical improvement but was expected to do so on or about 11/02/05.

The Patient was seen by Dr. Wey on 08/05/05 with complaints of right shoulder pain, pain along the right side of the neck, and numbness shooting from the medial aspect of the elbow into the little finger. Cervical exam revealed pain along the right side of the neck and tenderness along the right paracervical muscles. Shoulder exam revealed positive impingement and Speed's testing. Active forward flexion was 138 degrees, abduction 124 degrees, external rotation 82 degrees, and internal rotation 58 degrees, all with shoulder pain. X-rays of the shoulder showed a type II acromion. Right elbow exam revealed tenderness along the cubital tunnel with a positive Tinel's. Decreased sensation was present to light touch along the volar aspect of the little finger and palm. Diagnoses included right shoulder rotator cuff tendinitis and cubital tunnel syndrome of the right elbow. Physical therapy, a Medrol Dosepak, and Lodine were prescribed. Between 08/08/05 and 09/07/05 The Patient attended 12 sessions of chiropractic care.

On 09/12/05 The Patient returned to Dr. Wey's office with continued shoulder complaints. Dr. Wey documented that conservative treatment up to that point had included rest, physical therapy, anti-inflammatory medications, oral steroid medications, and a subacromial cortisone injection. None of these treatments offered The Patient lasting relief and a right shoulder arthroscopy with subacromial decompression was recommended. This surgery was denied per peer review on 09/21/05. The Patient attended additional chiropractic therapy on 09/23/05, 09/28/05, and 09/30/05. On 10/03/05 he saw Dr. Wey with continued right shoulder difficulties. At that time, a second subacromial injection was performed. Dr. Wey noted that after

the injection, The Patient had improved active range of motion and less pain in the impingement position. Between 10/06/05 and 10/13/05 The Patient attended additional chiropractic therapy.

In a letter from Dr. Wey dated 10/17/05 he indicated that the second subacromial injection took away about 60 percent of The Patient's shoulder pain for the first 2-3 days, however had since worn off. Exam revealed tenderness at the anterolateral acromion. Forward flexion was 130 degrees, abduction 110 degrees, external rotation 90 degrees, internal rotation 72 degrees, and extension 40 degrees, all with pain. Passive range of motion was full but with pain. A right shoulder arthroscopy with subacromial decompression has again been recommended.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of Right shoulder arthroscopy and subacromial decompression.

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

Based on a review of the medical records, the request for the right shoulder arthroscopy and subacromial decompression is recommended as medically necessary. This 39 year old male has a 10 month history of right shoulder pain and weakness. He has not responded to extensive conservative treatment consisting of physical therapy, chiropractic therapy, medications, activity modification, and two subacromial injections. He has objective examination findings to include positive Speed's and impingement testing as well as decreased range of motion. At this point in time, The Patient has exhausted the benefits of conservative treatment and proceeding with surgical intervention is the appropriate step.

Screening Criteria

1. Specific:

- The Shoulder, 3rd edition: Rockwood, Matsen, Wirth, Lippitt: Chapter 4, pages 173-176 and Chapter 8, pages 289-291

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 Resolutions Officer

Cc: L & W Orthopedic Assoc.
Attn: Pat Reeves
Fax: 972-498-4939

Zurich American Ins. Co. / FOL
Attn: Katie Foster
Fax: 512-869-1733

Dr. John Wey
Fax: 972-498-4939

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 31st day of January, 2006.

Name and Signature of IRO America Representative:

Sincerely,

IRO America Inc.



Dr. Roger Glenn Brown

President & Chief Resolutions Officer