



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0518-01
Social Security #: _____
Treating Provider: Bruce Bollinger, MD
Review: Chart
State: TX
Date Completed: 1/25/06

Review Data:

- **Notification of IRO Assignment dated 12/29/05, 1 page.**
- **Receipt of Request dated 12/29/05, 12/20/05, 2 pages.**
- **Medical Dispute Resolution Request/Response dated 12/5/05 2 pages.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Evaluation dated 12/28/05, 2 pages.**
- **Report of Medical Evaluation dated 12/28/05, 6/16/05, 3 pages.**
- **Dispute Letter dated 12/23/05, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **Denial Letter dated 11/29/05, 1 page.**
- **Preauthorization Request dated 11/28/05, 10/21/05, 2 pages.**
- **Progress Report dated 12/15/05, 11/10/05, 4 pages.**
- **Fax Cover Sheet dated 11/28/05, 11/22/05, 10/27/05, 10/21/05, 10/13/05, 5 pages.**
- **Texas Workers' Compensation Work Status Report dated 11/11/05, 11/10/05, 10/13/05, 9/22/05, (date unspecified), 5 pages.**
- **Evaluation (date unspecified), 1 page.**
- **Examination dated 10/30/05, 10/13/05, 4 pages.**
- **Case Review dated 10/19/05, 2 pages.**
- **Nerve Conduction Study dated 10/13/05.**
- **Notification Confirmation dated 10/13/05, 2 pages.**
- **Discharge Summary dated 10/12/05, 2 pages.**
- **Plan of Care dated 10/10/05, 2 pages.**
- **Prescription dated 9/28/05, 1 page.**
- **Therapy Activity Status Report dated 9/27/05, 1 page.**
- **Initial Visit dated 9/27/05, 5 pages.**
- **Initial Report dated 9/22/05, 3 pages.**
- **Physician Activity Status Report dated 9/22/05, 8/17/05, 5/9/05, 3 pages.**
- **Daily Notes dated 8/17/05, 5/27/05, 5/12/05, 5/9/05, 6 pages.**

CORPORATE OFFICE

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- **Right Shoulder MRI dated 5/11/05, 2 pages.**
- **Progress Note dated 12/13/05, 12/12/05, 12/9/05, 11/11/05, 10/12/05, 3 pages.**
- **Workers Compensation - First Report of Injury or Illness dated 5/9/05, 1 page.**
- **Claim Received Letter dated 5/10/05, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for right shoulder arthroscopy, acromioplasty, open distal clavicle resection and rotator cuff repair.

Determination: REVERSED – previously denied request for right shoulder arthroscopy, acromioplasty, open distal clavicle resection and rotator cuff repair.

Rationale:

Patient's age: 59 years

Gender: Female

Date of Injury: ____

Mechanism of Injury: Getting out of truck, slipped and caught hose on side of truck to catch self and hurt right shoulder.

Diagnoses: Cervical strain.
Shoulder pain.
Rotator cuff syndrome, right rule out tear.
Right shoulder rotator cuff tear.
Mild degenerative joint disease of the acromioclavicular joint, right shoulder.
Possible carpal tunnel syndrome.

An MRI of the right shoulder, done on 05/11/05, showed a mild retracted distal anterior supraspinatus tear, and mild joint acromioclavicular joint hypertrophy. The records indicated that the claimant continued to complain of right shoulder pain with restricted range of motion, despite conservative treatments, including medication, exercise and modified activity. The diagnosis was right rotator cuff tear and right shoulder strain/sprain. A right shoulder arthroscopy, acromioplasty, open distal clavicle resection and rotator cuff repair was recommended. The claimant has had two previous reviews for the left shoulder arthroscopy which were denied. The claimant had no pathology noted in his left shoulder. The MRI did show a significant tear of the supraspinatus tendon with mild retraction. He had acromio-clavicular joint hypertrophy and had failed appropriate conservative treatment, including physical therapy and non-steroidal anti-inflammatory medications. This reviewer recommends approval of the proposed right shoulder arthroscopy, acromioplasty, open distal clavicle resection and rotator cuff repair as being medically necessary, because the claimant had symptoms that were consistent with the MRI findings and had failed conservative treatment.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.
ACOEM Guidelines, 2nd Edition, Chapter 9.

Physician Reviewers Specialty: Orthopedic Surgery

Physician Reviewers Qualifications: Texas licensed MD, and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider 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 carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

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.

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