



Specialty Independent Review Organization, Inc.

February 7, 2006

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
DWC #:
MDR Tracking #: M2-06-0608-01
IRO #: 5284

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

Specialty 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.

This case was reviewed by a licensed Medical Doctor with a specialty in Neurology. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

Ms. ___ suffered an injury to her left shoulder on ___. According to the employer's first report of injury or illness, she fell while working in a kitchen. She came under the care of Dr. Nguyen beginning on 10-19-04. Dr. Nguyen's records indicate diagnoses of shoulder strain, neck strain and wrist strain. She also had some complaints of lower back pain. He treated her with physical therapy and Zanaflex. He ordered MRIs of her left upper extremity. He ordered a sling for her left arm. The MRI study was done in October, 2004. There was a suggestion of abnormal high signal projecting over the brachialis muscle tendon and supraspinatus muscle on axial images raising the possibility of adjacent muscle strain with tendonitis coexisting with artifacts relating to motion. There was no evidence of a fracture.

Dr. Nguyen wrote on 11-02-04 that she thought she may have some non-organic cause of her pain and described an extreme pain reaction when her forearm was palpated with no evidence of

injury. He reported that she was noted to have fairly normal movement when she was being observed surreptitiously but when she was examined she seemed to have difficulty removing the left upper extremity. He wrote to release her on 11/18/04 stating that he could not find an organic cause for her complaint. He suggested a psychological evaluation and counseling.

Ms. ___ then requested a change in providers and came under the care of Dr. McMillan from the Pain and Recovery Clinic. Dr. McMillan's initial evaluation took place on January 14, 2005. He noted that she had reduced range of motion of her neck in all directions more to the left. She had a positive compression test on the left side which produced pain from the neck into the left upper extremity. He thought she had weakness of grip in her left hand and tenderness and restricted range of motion of the left shoulder in flexion and abduction with pain plus tenderness over the anterior and lateral deltoid muscle and in the acromiohumeral junction laterally. There was a positive impingement sign. She had tenderness and spasms of the lumbar paraspinal muscles and she had reduced range of motion in the lumbar spine. Kemp's test provoked increased back pain with referral into the glutei. Sacral compression provoked increased pain in the lumbosacral junction sacrum. He reviewed AP and lateral views of the cervical spine which were normal. He obtained x-rays of the left shoulder which were normal. Dr. McMillan's initial impression was cervical radiculitis and internal derangement of the left shoulder. He recommended physical therapy, Motrin and Ultram and an MRI of the left neck and shoulder if no improvement. He also suggested an orthopedic evaluation if no improvement and kept Ms. ___ out of work.

Subsequently, she had an EMG of the left upper extremity which was consistent with a left C7-C8 radiculopathy. An MRI of the left shoulder was consistent with a hooked Acromion Type III. There was also evidence of a full thickness tear involving the distal supraspinatus tendon just proximal to its insertion on the humerus with 4.0 mm of tendon retraction and localized extension of fluid into the region of the subacromial—subdeltoid bursae.

In turn, Ms. ___ was referred to an orthopedist Dr. Lubor Jarolimek. She saw Dr. Jarolimek on 03-07-05 and his diagnosis was left rotator cuff tear full thickness, impingement of the left shoulder and chronic left shoulder pain x5 months. He recommended shoulder surgery. This was performed via an arthroscopic approach on 05-02-05. At surgery there was noted to be grade II chondromalacia over the humeral head and patches of grade III chondromalacia. There were no loose bodies noted. The full thickness rotator cuff tear was identified on the under surface of the supraspinatus tendon. The rotator cuff tear was repaired.

After surgery, Dr. Jarolimek recommended gentle range of motion exercises per prescription dated 05-18-05. Evidently, she then developed chronic adhesive capsulitis and he performed manipulation under anesthesia on 09-12-05. On 11-03-05 he ordered passive stretching and increasing range of motion activities with one on one passive stretching.

Physical therapy continued under the care of Dr. McMillan through the Pain and Recovery clinic. She received one on one sessions actually from the initial visit on 01-14-05 through 12-23-05 approximately 7 months after the original surgery and 3 months after the manipulation under anesthesia. Also, Ms. ___ was seen for her back complaints by Dr. Shanti on 04-25-05. His

impression was: 1) Low back pain. 2) Cervicalgia. 3) Left shoulder pain. He recommended continued physical therapy.

RECORDS REVIEWED

- Employer's first report of illness or injury not signed or dated.
- Office progress notes and TWCC Work Status Reports by Dr. H. A. Nguyen dated 10-19-04 through 11-14-04.
- Employee's request to change treating doctors signed by Ms. ___ on 11-19-04.
- TWCC statements for pharmacy services dated 10-26-04 through 09-19-05.
- Progress reports, physical therapy records, correspondence by Pain and Recovery Clinic of North Houston, Dean M. McMillan, MD, dated 01-14-05 through 12-23-05.
- Pain management consultation by Issan Shanti, MD, Ph.D. dated 04-25-05.
- Progress reports, procedure records and physical therapy orders by Lubor Jarolimek, MD.
- Physical therapy progress notes, Wellness Healthcare group dated 12-06-4 through 01-07-05.
- Left elbow MRI without contrast dated 10-04.
- Left mid to proximal forearm MRI without contrast dated 10-04.
- Left elbow MRI without contrast dated 01-05-05.
- Left mid to proximal forearm MRI without contrast dated 01-05-05.
- Lumbar spine, AP and lateral views dated 08-26-05.
- Left shoulder MRI dated 02-07-05.
- AP and lateral views of the cervical spine dated 02-07-05.
- EMG nerve conduction studies of the upper extremities by M. Sabbahi, Ph.D., PT, ECS dated 02-10-05.
- Handwritten letter – authorship unknown requesting change of provider.
- Final review by Sankar Pemmaraju, DO, Intracorp dated 11-30-05.
- Final review by Scott Limpert, MD, Intracorp dated 12-22-05.
- Correspondence to Specialty Independent Review Organization, Inc. by H. Douglass Pruett, Attorney at Law dated 01-24-06.
- Notices of disputed issues and refusal to pay benefits, Farmer's Insurance dated 11-19-04, 03-08-05 and 04-26-05.

REQUESTED SERVICE

The requested service is physical therapy services times eighteen sessions consisting of codes 97110, 97112 and 97140.

DECISION

The reviewer agrees with the previous adverse determination regarding all services under review.

BASIS FOR THE DECISION

Ms. ___ has already received very extensive physical therapy for her left upper extremity initially beginning with Dr. Nguyen in October, 2004 then proceeding with Dr. McMillan through January, 2005 through December, 2005. She has had a very lengthy course of physical therapy, both preceding and after her left shoulder arthroscopic surgery and after her manipulation under anesthesia. The most recent surgery was performed in September. Typical guidelines for physical therapy after arthroscopic shoulder surgery would be approximately 4 to 8 weeks. Ms. ___'s therapy utilization has far exceeded the normal recommended guidelines.

REFERENCES

American College of Occupational and Environmental Medicine. Occupational Medicine Practice Guidelines. OEM Press. Beverly, MA 2004. 215-219.

Anderson NH, Sojbjerg JO, Johannsen HV, Sneppen O. Self-training versus physiotherapist-supervised rehabilitation of the shoulder in patients treated with arthroscopic subacromial decompression: a clinical randomized study. Journal of Shoulder and Elbow Surgery. 199; 8 (2):99-101.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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 decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

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.

Sincerely,

Wendy Perelli, CEO

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 Division via facsimile, U.S. Postal Service or both on this 7th day of February 2006

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli