CompPartners Final Report

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

Claimant Name: ___
Texas IRO # : ___
MDR #: M2-06-0937-01
Social Security #: ___
Treating Provider: Nick Talarico, DC
Review: Chart
State: TX
Date Completed: 5/24/06

Review Data:

- **Notice of IRO Assignment dated 3/13/06, 1 page.**
- **Receipt of Request dated 3/13/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 2/27/06, 2 pages.**
- **List of Treating Providers (date unspecified), 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **Reconsideration Request dated 1/24/06, 3 pages.**
- **Certification Request dated 1/5/06, 1 page.**
- **Subsequent Medical Report dated 2/15/06, 1/18/06, 12/21/05, 11/23/05, 10/26/05, 9/28/05, 9/21/05, 9/14/05, 18 pages.**
- **Operative Report dated 9/15/05, 2 pages.**
- **Orthopedic Consultation dated 8/31/05, 2 pages.**
- **EMG Report dated 2/3/06, 11/7/05, 5 pages.**
- **Right Wrist MRI dated 10/13/05, 1 page.**
- **Right Elbow MRI dated 10/13/05, 1 page.**
- **Right Shoulder MRI dated 10/13/05, 1 page.**
- **Right Humerus MRI dated 10/13/05, 1 page.**

Reason for Assignment by TDI: Determine the appropriateness of the previously denied request for work conditioning, five times a week for six weeks, for the right shoulder.

Determination: PARTIAL - work conditioning, five times a week for two weeks, for the right shoulder.

Rationale:

Patient's age: 63 years
Gender: Female
Date of Injury: ___
Mechanism of Injury: Tripped on some electrical cords and fell.

Diagnoses: Right shoulder rotator cuff tear with avulsion fracture of the greater tuberosity; status post arthroscopic debridement, open acromioplasty, and rotator cuff repair with restore orthobiological graft and greater tuberosity open reduction and internal fixation, 9/15/05.

The patient was now approximately ten months post injury, and approximately six and one-half months post repair on the right shoulder. According to the surgeon's reports from Jose L. Diaz, M.D., the patient was determined capable of returning to light duty job demand level. She worked as a hairdresser. MRIs of the right wrist and the right elbow on 10/13/05 were normal. An MRI of the right shoulder on 7/26/05 revealed an avulsion fracture of the greater tuberosity with confluent marrow edema within the humeral head, with a suspected full thickness tear of the supraspinatus, with fluid in the subacromial and subdeltoid bursa. The MRI of the right humerus on 7/26/05 revealed same findings as the shoulder MRI. Dr. Diaz mentioned on 2/3/06 that the electrodiagnostic study of the left upper extremity was normal. The electromyogram (EMG) on 11/7/05 revealed findings of right carpal tunnel syndrome. Dr. Diaz documented on the 1/18/06 report that work-conditioning program and continuation of home exercises were recommended. The report from Dr. Diaz on 2/15/06 indicated that the patient was capable of performing unlimited light duty, such as answering phones or scheduling appointments. She had finished her physical medicine rehabilitation program. A functional capacity evaluation was performed on 12/20/05, in which she was documented as having less than full effort on her testing results. Information from the previous review by Mark Carlson, D.C. of SRS had a mistake on it. He had misquoted the recommended number of visits per the Official Disability Guidelines. The patient had a full thickness tear of the supraspinatus, which was surgically repaired, and, according to the Official Disability Guidelines, page 154, the patient can receive forty visits over sixteen weeks, if medically necessary. Additionally, the peer review from Anthony Bottorff, D.C. of SRS utilized the ACOEM Guidelines, Chapter 9 to determine the non-certification, which is inappropriate, given that the patient has had surgical intervention for a fractured greater tuberosity and also repair of a full thickness tear of the supraspinatus (rotator cuff). The Official Disability Guidelines should have been referenced in this case, again, which identifies an appropriate amount of therapy as up to forty visits over sixteen weeks. The current request is to determine the medical necessity for work conditioning, five times per week for six weeks. The medical necessity is found for a modification to five times per week for two weeks for the post-operative right shoulder with fracture and full thickness tear repair. The claimant has had some post-operative rehabilitation and was a hairdresser with a light duty demand level. On evaluation, the surgeon felt that the patient could benefit from work conditioning to get her back to using the arm as a hairdresser, but patient was noted as being able to only answer phones and schedule appointments at that time. Therefore, it would be reasonable to address any further light duty issues to get her back to being a hairdresser, who repeatedly uses the shoulders and arms throughout the day, with at least two weeks of work conditioning at five days per week. This would be within the Texas Department of Insurance and DWC Rules and Recommendations. The patient could then be re-evaluated for improvements prior to any further work conditioning are recommended.

Criteria/Guidelines utilized:

1. Texas Department of Insurance and DWC rules and regulations.

2. Department of Labor website
CODE: 332.271-018
TITLE(s): HAIR STYLIST (personal ser.) alternate titles: hairdresser

Specializes in dressing hair according to latest style, period, or character portrayal, following instructions of patron, MAKE-UP ARTIST (amuse. & rec.; motion picture; radio-TV broad.), or script: Questions patron or reads instructions of MAKE-UP ARTIST (amuse. & rec.; motion picture; radio-TV broad.) or script to determine hairdressing requirements. Studies facial features of patron or performing artist and arranges, shapes, and trims hair to achieve desired effect, using fingers, combs, barber scissors, hair-waving solutions, hairpins, and other accessories. Dyes, tints, bleaches, or curls or waves hair as required. May create new style especially for patron. May clean and style wigs. May style hairpieces and be designated Hairpiece Stylist (fabrication, nec).
GOE: 09.02.01 **STRENGTH:** L **GED:** R4 M3 L3 **SVP:** 6 **DLU:** 77

3. Official Disability Guidelines, 9th Edition, Work Loss Data Institute, Special Edition, Top 200 Conditions, 2004, Page: 154, Topic: Rotator cuff, post surgery, physical therapy; Excerpt: "24 visits over 14 weeks" and complete rupture, "40 visits over 16 weeks".

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed D.C., 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.