

July 18, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-06-1558-01

CLIENT TRACKING NUMBER: M2-06-1558-01-5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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.

Records Received:

Records Received from the State:

- Notification of IRO Assignment, 6/21/06 - 2 pages
- Medical Dispute Resolution Request/Response, 6/21/06 - 3 pages
- Table of Disputed Services, undated - 1 page
- Corvel Preauthorization Determination, 3/2/06 - 1 page
- Appeal Letter from Patient, 5/30/06 - 1 page
- Corvel Preauthorization Determination, 5/2/06 - 1 page

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Records Received from Provider:

- Office Notes, 5/29/03 – 2 pages
- MRI of the Right Shoulder, 6/2/03 – 2 pages
- Consultation report, 6/5/03 – 1 page
- Office Notes, 6/5/03 – 1 page
- Physician Request for Therapy, 6/16/03 – 1 page
- Occupational Therapy Initial Evaluation, 6/17/03 – 6 pages
- Occupational Therapy Progress Report, 7/1/03 – 5 pages
- Office Notes, 7/3/03 – 1 page
- Occupational Therapy Progress Report, 7/15/03 – 1 page
- Office Notes, 7/28/03 – 1 page
- Occupational Therapy Progress Report, 8/14/03 – 4 pages
- Office Notes, 8/25/03–9/4/03 – 2 pages
- Operative Report, 9/10/03 – 2 pages
- Operative Report, 9/10/03 – 1 page
- Office Notes, 9/18/03 – 1 page
- Occupational Therapy Initial Evaluation, 9/23/03 – 8 pages
- Office Notes, 10/16/03 – 1 page
- Occupational Therapy Progress Report, 11/17/03 – 3 pages
- Occupational Therapy Discharge Summary, 11/24/03 – 3 pages
- Office Notes, 12/08/03–4/1/04 – 5 pages
- Occupational Therapy Initial Evaluation, 4/13/04 – 3 pages
- Occupational Therapy Discharge Summary, 4/27/04 – 1 page
- Occupational Therapy Discharge Summary, 5/25/04 – 1 page
- Occupational Therapy Shoulder Evaluation Data Form, 5/10/04–5/25/04 – 1 page
- Office Notes, 6/7/04–6/30/04 – 2 pages
- Garth Road Chiropractic Clinic Evaluation, 8/5/05 – 6 pages
- Office Notes, 2/20/06–3/27/06 – 3 pages
- Prescription Profile, 12/24/04–3/1/06 – 6 pages

Records Received from the Insurance Company:

- Letter from Dr. Capello, 4/24/06 – 4 pages
- Letter from Dr. Capello, 1/16/06 – 15 pages
- Appeal Letter from Patient, 5/30/06 – 1 page
- Corvel Preauthorization Determination, 3/2/06 – 1 page
- Corvel Preauthorization Determination, 5/2/06 – 1 page
- Appeal Letter from Patient, 5/30/06 – 1 page
- Corvel Preauthorization Determination, 3/2/06 – 1 page
- Corvel Preauthorization Determination, 5/2/06 – 1 page
- Notification of IRO Assignment, 6/21/06 – 2 pages

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- Table of Disputed Services, undated – 1 page

Summary of Treatment/Case History:

The claimant is a 57 year old male who was injured on ____, when a steel container fell on him from a height of fifteen to twenty feet, hitting his hard hat and right shoulder and causing him to fall. The weight of the container was estimated from fifty to eighty-five pounds in the records provided for review. The claimant suffered injuries to his cervical spine, right shoulder, and lumbar spine. He was noted to have had previous spine surgery which consisted of an L5-S1 laminectomy and discectomy from which he had fully recovered and had been back to work for one full year at the time of his injury. X-rays of the right shoulder on 05/29/03 showed minimal degenerative changes and an MRI of the right shoulder on 06/02/03 showed signal change within the superior, anterior trapezius consistent with a muscular strain or tear, edema at the right coracoclavicular ligament, and mild supraspinatus tendinosis. Treatment consisted of medications, activity modification, and physical therapy, which did not provide significant improvement of the claimant's complaints of weakness, pain, and limited range of motion. A right shoulder arthroscopy, debridement, acromioplasty, and distal clavicle excision was done on 09/10/03, the report of which noted findings of right shoulder impingement, labral tear, and acromioclavicular joint inflammation.

The claimant's postoperative physical therapy regimen was interrupted due to the diagnosis of herniated discs at C5-6 and C6-7 as well as at L5-S1, for which he reportedly received epidural steroid injections which provided some relief. By report, the claimant also attended pain management treatment for his lumbar complaints. Shoulder physical therapy resumed and Dr. Ilahi's dictation of 06/07/04 noted that the claimant had full range of motion and no impingement signs. Dr. Ilahi's 06/30/04 note, however, reported mild impingement signs, but good range of motion in the right shoulder.

An Impairment Rating on 08/05/05 reported that the claimant had reached statutory maximum medical improvement as of 06/11/05 and had a whole person impairment rating of thirty-two percent. The claimant's shoulder complaints during the examination consisted of clicking, catching, stiffness, crepitus, pain, nocturnal pain, and difficulty performing activities of daily living. Flexion was one hundred thirty degrees, extension thirty-five degrees, abduction one hundred twenty degrees, adduction thirty-five degrees, external rotation was eighty degrees, and internal rotation was forty degrees. Also noted was pain with active or passive movement of the shoulder and weakness on resisted movement. The examiner noted that the findings were suspicious of a muscle or tendon tear.

A Designated Doctor Examination was done on 01/16/06, which reported shoulder range of motion of one hundred twenty-five degrees flexion, fifty-five degrees extension, one hundred forty-five degrees abduction, twenty-five degrees adduction, and ninety degrees of both internal and external rotation. The examiner awarded a fourteen percent whole person impairment.

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The claimant continued to complain of increasing right shoulder discomfort. Examination by Dr. Ilahi on 02/20/06 found decreased range of motion and positive impingement signs, tenderness, and weakness in the right shoulder. X-rays taken in Dr. Ilahi's office reportedly showed good subacromial space and good decompression of the acromioclavicular joint and the presence of a small amount of heterotrophic ossification in the acromioclavicular joint area. Dr. Ilahi noted that the findings did not appear to be significant enough to cause impingement and a request was made for a right shoulder MRI for right shoulder discomfort of unclear etiology.

Questions for Review:

Item(s) in Dispute: Preauthorization denied for repeat MRI right shoulder.

Explanation of Findings:

Item(s) in Dispute: Preauthorization denied for repeat MRI right shoulder.

A repeat MRI of the right shoulder is recommended as medically necessary.

Based on the information provided for review, a repeat MRI of the right shoulder is recommended as medically necessary for this claimant. Close attention to the details of the impairment rating dated 08/05/05 find documentation of pain with shoulder movement and weakness on resisted movement and a documented suspicion of a muscle or tendon tear. Dr. Ilahi's office notes since 02/20/06 report increasing right shoulder symptoms of pain, weakness, and decreased range of motion. The claimant was treated conservatively and is not likely to benefit from additional or continued conservative treatment. Based on his persistent and progressing right shoulder symptoms and in an effort to appropriately diagnose and treat the same, an MRI of the right shoulder is considered reasonable and is recommended at this time.

Conclusion/Decision to Certify:

A repeat MRI of the right shoulder is recommended as medically necessary.

References Used in Support of Decision:

1. ODG Official Disability Guidelines, 2006. Fourth Edition. Shoulder, p. 1376.
2. The Shoulder, Volume I. CA Rockwood, Jr. Chapter 5, pp. 213-214.

The physician providing this review is board certified in Orthopaedic Surgery. The reviewer is a member of the American Academy of Orthopaedic Surgeons, the American Medical Association, the North American Spine Society, the Pennsylvania Medical Society, the Pennsylvania Orthopaedic Society, and the American Association for Hand Surgery and is certified in impairment rating evaluations through the Bureau of Workers Compensation. The reviewer has publication experience within their field of specialty and has been in private practice since 1995.

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.

Chief Clerk of Proceedings/Appeals Clerk
P. O. Box 17787
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 18 day of Jul/2006.

Jamie Cook

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

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The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Jamie C ext 583

CC: requestor and respondent