INDEPENDENT REVIEW INCORPORATED

September 15, 2006

Re: MDR #: M2 06 1740 01 Injured Employee: ___
DWC #: ___ DOI: ___
IRO Cert. #: 5055

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT: Liberty Mutual

TREATING DOCTOR: Bryan Weddle, DC

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the office manager of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a chiropractor who is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by Independent Review, Inc. is deemed to be a DWC decision and order.

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.

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 September 15, 2006.

Sincerely,

Jeff Cunningham, DC
Office Manager

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REVIEWER'S REPORT
M2 06 1740 01

Information Provided for Review:

1. DWC Assignment
2. Carrier Records
3. Treating Doctor Records

Clinical History:

Ms. ___ was injured on her job with _____ when she was lifting a tote that weighed about 30 pounds, according to the treating doctor's notes. She complained of pain in the left shoulder that radiated into the right side of the neck and down the right arm. Her pain was rated on the VAS as 7/10. She was treated with active and passive therapy by her doctor.

Disputed Services:

The carrier has denied the medical necessity of therapeutic exercises for this patient for 3 times per week for 3 weeks.

Decision:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER ON THIS CASE.

Rationale:

The MRI on this case indicated that the patient had a serious injury to the shoulder which involved tearing to the soft tissues of the shoulder joint. Specifically, MRI of the shoulder demonstrated that there was a long standing osteoarthritis and tears in the anterior and superior glenoid labral components. While the patient did have extensive care in accordance with ACOEM guidelines, this patient did seem to make progress with the symptomatic portions of her treatment and therefore, active care to strengthen the joint would be reasonable.

Screening Criteria:

TCA Guidelines, Guidelines of the Mercy Conference