IRO America Inc.

An Independent Review Organization
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December 5, 2005

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Patient:
TDI-DWC #:
MDR Tracking #: M2-06-0165-01
IRO #: 5251

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

IRO America 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.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed Provider, board certified and specialized in Chiropractic Care. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

1. Medical Dispute Resolution Request.
2. TWCC-1,
3. Medical records from S.J. Kechejian, M.D., 12-10-04 through 12-14-04.
4. X-ray report, 12-10-04.
5. Medical reports from KClinic, 12-17-04 through 2-2-05.
6. TWCC-66a, and 12-17-04.

7. TWCC-73, 1-6-05.
8. Initial Consultation from Rubio Chiropractic, 1-18-05.
9. Peer Review by Larry Fenton, D.C., 2-21-05.
10. Left elbow MRI report, 3-31-05.
11. Left upper arm MRI report, 4-12-05.
12. DD Evaluation by P. Inthanousay, D.O., 4-18-05.
13. Medical reports from McConnell Orthopedic Clinic, 4-7-05 through 9-20-05.
14. Peer Review Addendum by Larry Fenton, D.C., 6-22-05.
15. Pre-authorization Reports, 8-25-05 and 9-14-05.
16. Medical Report from G. Armstrong, M.D., 8-26-05.
17. Letter from Ayer & Ayers, 10-14-05.

CLINICAL HISTORY

The Patient was employed by restaurant on ___ when he injured his left shoulder, left elbow, and left wrist while carrying a stack of dishes out of the kitchen. He was initially evaluated by Dr. Jechejian and diagnosed with left shoulder impingement, left shoulder strain, left elbow strain, left lateral epicondylitis, left wrist strain, and left wrist tendinitis. Wrist and shoulder x-rays were unremarkable. Left elbow x-ray revealed a loose body in the elbow joint. He was taken off work. He was started on a muscle relaxant, nonsteroidal anti-inflammatory, and analgesic medication. He was also prescribed a wrist support and referred to physical therapy.

On 1-18-05, The Patient started chiropractic care under the auspices of Tom Rubio, D.C. Diagnoses included derangement of the joint, elbow bursitis, shoulder tendinitis, and a wrist sprain/strain. Chiropractic treatment was recommended at a frequency of three times per week for four weeks.

On 2-21-05, a chiropractic peer review was performed by Dr. Fenton. He felt no additional chiropractic treatment was supported beyond 2-1-05.

Left elbow MRI dated 3-31-05 denoted:

1. Abnormal increased T2 signal consistent with a partial tear of the lateral epicondylitis.

2. Edema seen in the visualized portion of the inferior aspect of the biceps tendon consistent with a muscle strain.

3. Abnormal signal within the biceps tendon suspicious for a partial tear/strain, which may be age indeterminate.

Left upper arm MRI dated 4-12-05 denoted grossly normal MRI evaluation of the arm. There was no evidence of biceps muscle edema and no gross evidence of biceps tendon injury.

The Patient was managed medically by John McConnell, M.D. from 4-7-05 through 9-20-05. Surgery was recommended.

On a 4-15-05, a DD Evaluation was performed by Dr. Inthanousay. He did not believe The Patient was at maximum medical improvement and felt injections should be considered.

On 6-22-05, a chiropractic peer review addendum was performed by Dr. Fenton. Again, he did not believe any chiropractic treatment was reasonable beyond 2-1-05.

On 8-25-05, a biceps repair surgery was recommended; however, denied by Dr. Blair, orthopedic surgeon.

On 8-26-05, The Patient was evaluated by George Armstrong, M.D. Physical examination demonstrated tenderness over the biceps tendon. There was no evidence of swelling or discoloration. Shoulder, elbow, forearm, and wrist range of motion was within normal limits. Diagnoses included probable partial tear the biceps tendon at its insertion, impingement syndrome of the left shoulder with probable rotator cuff tendinitis, and resolved sprain of the left wrist. He did not believe The Patient was at maximum medical improvement. He agreed with Dr. McConnell regarding the need for surgical intervention.

On 9-14-05, a biceps surgery repair was again recommended; however, denied by Dr. Holladay, orthopedic surgeon.

A letter from Ayers & Ayers dated 10-14-05 indicated the carrier maintains that the requested surgery was not reasonable or necessary.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent, medical necessity of left elbow repair, biceps tendon.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

The Reviewer believes the surgical request is not reasonable or necessary for two reasons. First, the elbow MRI findings are more consistent with a biceps tendon strain. Additionally, the left upper arm MRI was completely unremarkable. Having said this, the MRI findings do not demonstrate evidence of a complete tear; therefore, surgical correction is not indicated. Second, the physical examination findings are not consistent with a biceps tear. The most recent physical examination by Dr. Armstrong demonstrates full range of motion of the elbow, wrist, and shoulder, 5/5 strength, and discomfort (not weakness) with resisted supination > pronation. These physical examination findings are certainly more consistent with a strain of the biceps tendon.

Screening Criteria

1. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc: Rubio Chiropractic
Attn: Carol
Fax: 214-654-0637

Ace American Ins. Co. / Gallagher Bassett c/o Ayers & Ayers
Attn: Julie Tebbrets
Fax: 817-318-0663

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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 DWC via facsimile, U.S. Postal Service or both on this 5th day of December, 2005.

Name and Signature of IRO America Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer