



Specialty Independent Review Organization, Inc.

## AMENDED REPORT 5/2/2006

May 2, 2006

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

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-06-1108-01  
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 Doctor of Chiropractic. 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

According to the records received and reviewed, \_\_\_\_ was injured in a work related accident on \_\_\_\_ Ms. \_\_\_\_ was working for \_\_\_\_ at the time of injury. The patient was attempting to move a file cabinet when the cabinet slipped and fell off of a dolly pinning her against a chalkboard and injuring her right shoulder. The patient ultimately underwent excision of the distal clavicle and acromioplasty of the right shoulder on 12-1-2005. The patient was then referred to therapy at Stonebridge Wellness Center and initiated a course of therapy beginning around 12-15-2005.

## RECORDS REVIEWED

Records received and reviewed included but not limited to the following:

Medical Dispute Resolution paperwork  
Genex Review  
Dr. Seay  
Lubbock Radiology MRI to right shoulder  
Covenant Surgicenter Operative Report  
Stonebridge Wellness Center  
Physical Therapy Associated Functional Capacity Evaluation  
Atlas MRI Center to right shoulder  
Flahive, Ogden & Latson  
CRS Technologies

## REQUESTED SERVICE

The requested service is a course of Occupational therapy (3x4 weeks) to include 97110 and 97035.

## DECISION

The reviewer agrees with the previous adverse determination.

## BASIS FOR THE DECISION

The basis for the determination is based upon the Medical Disability Advisor, the Official Disability Guidelines, and Evidence Based Medicine Guidelines. The Medicare guidelines and payment policies were also utilized in the decision making process of this review. According to the records reviewed, the patient made significant improvement with her therapy program. But to continue the therapy program would exceed the normative data for treatment of injuries of this nature. The documentation does not support the continued need for therapeutic exercises and ultrasound several months after the date of surgery. It should also be noted that an FCE performed on 3-24-2006 recommended a work hardening or work conditioning program for the patient. Additionally there is documentation that the patient was participating in a return to work program in early April. There is no need for therapeutic exercises for a patient that has already progressed to a return to work program. Clinical Orthopaedic Rehabilitation 2<sup>nd</sup> edition by Brotzman, also states that 16 weeks of post-surgical rehabilitation would be appropriate for an injury of this type.

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 2<sup>nd</sup> day of May 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:          Wendy Perelli**