

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT: _____
IRO CASE NUMBER: M2-06-1805-01
NAME OF REQUESTOR: Adrian Olivares, D.C.
NAME OF PROVIDER: Adrian Olivares, D.C.
REVIEWED BY: Licensed by the Texas State Board of Chiropractic
IRO CERTIFICATION NO: IRO 5288
DATE OF REPORT: 09/05/06

Dear Dr. Olivares:

Professional Associates has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5288). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a physician reviewer who is licensed by the Texas State Board of Chiropractic and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of Professional Associates 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 the provider, 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.

REVIEWER REPORT

Information Provided for Review:

An Employer's First Report of Injury or Illness form dated

An evaluation with Dr. Conn (no credentials were available) at CareNow dated 08/29/05

X-rays of the right ribs, left wrist, and left shoulder interpreted by Dr. Casolo (no credentials were listed) dated 08/29/05

An evaluation with Adrian Olivares, D.C. dated 09/16/05

TWCC-73 forms from Dr. Olivares dated 09/16/05, 10/16/05, 11/03/05, 11/17/05, 12/16/05, 01/20/06, 02/16/06, 04/06/06, 05/23/06, 06/20/06, and 07/18/06

Physical therapy with Dr. Olivares dated 09/19/05, 09/20/05, 09/21/05, 09/22/05, 09/23/05, 09/27/05, 09/29/05, 09/30/05, 10/04/05, 10/06/05, 10/07/05, 10/11/05, 11/01/05, 11/03/05, 11/04/05, 11/08/05, 11/09/05, 11/10/05, 11/15/05, 11/17/05, 11/18/05, 11/21/05, 11/22/05, 11/23/05, 11/29/05, 12/01/05, 12/13/05, 12/15/05, 12/19/05, 12/20/05, 12/21/05, 12/27/05, 12/28/05, 12/29/05, 01/03/06, 01/05/06, 01/06/06, 01/10/06, 01/13/06, 01/17/06, 01/19/06, 01/20/06, 01/24/06, 01/26/06, 01/27/06, 01/31/06, 02/02/06, 02/03/06, 02/07/06, 02/09/06, 02/10/06, 02/14/06, 02/16/06, 02/17/06, 02/21/06, 02/23/06, 02/24/06, 02/28/06, 03/02/06, 03/03/06, 03/07/06, 03/09/06, 03/10/06, 03/16/06, 03/17/06, 03/21/06, 03/23/06, 03/24/06, 03/28/06, 03/30/06, 04/04/06, 04/06/06, 04/07/06, 04/11/06, 04/12/06, 04/13/06, 04/18/06, 04/20/06, 04/21/06, 04/25/06, 04/27/06, 04/28/06, 05/02/06, 05/04/06, 05/05/06, 05/09/06, 05/10/06, 05/11/06, 05/16/06, 05/18/06, 05/19/06, 05/23/06, 05/25/06, 05/26/06, 05/30/06, 06/01/06, 06/02/06, 06/06/06, 06/07/06, 06/08/06, 06/13/06, 06/15/06, 06/16/06, 06/20/06, 06/22/06, 06/23/06, 06/27/06, 06/29/06, 06/30/06, 07/05/06, and 07/18/06

MRIs of the left shoulder and cervical spine interpreted by Frank Sabatelli, M.D. dated 09/26/05

Evaluations with J. Teig Port, M.D. dated 10/11/05, 12/07/05, 12/16/05, 03/14/06, 04/14/06, 05/12/06, 06/09/06, and 07/07/06

Letters of preauthorization from JI Specialty Services, Inc. dated 10/17/05, 12/06/05, and 03/14/06

A stress EKG interpreted by Saleem H. Mallick, M.D. dated 11/07/05

A cardiac evaluation with Dr. Mallick dated 11/07/05

Laboratory studies dated 11/23/05, 11/29/05, 12/14/05, and 01/09/06

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A preoperative evaluation with Dr. Port dated 12/05/05

An operative report from Dr. Port dated 12/05/05

Psychological evaluations with an unknown provider (no signature was available) dated 12/09/05 and 02/03/06

Functional Capacity Evaluations (FCEs) with Dr. Olivares dated 02/17/06 and 04/18/06

Preauthorization request from Dr. Olivares dated 02/19/06 and 06/09/06

Preauthorization logs dated 03/13/06, 05/17/06, and 06/12/06

X-rays of the left fingers interpreted by William J. Waters, M.D. dated 03/15/06

A psychological evaluation with Jennifer Wadsworth, M.A., L.P.C.-I. dated 04/03/06

A therapy order form from Dr. Port dated 04/14/06

An FCE with Dr. Voranart Kukai Sunakapakdee (no credentials were listed) dated 05/30/06

A letter of denial from JI Specialty Services dated 06/14/06

A letter of denial from Cynthia Tays, D.C. dated 06/14/06

An impairment rating evaluation with Daniel H. Diaz, D.C. dated 07/14/06

A Designated Doctor Evaluation with Gilbert Mayorga, Jr., M.D. dated 07/20/06

Clinical History Summarized:

On 08/29/05, Dr. Conn provided a shoulder sling, wrist splint, Naprosyn, Vicodin, and an orthopedic consultation. X-rays interpreted by Dr. Casolo on 08/29/05 revealed a fracture of the distal radius in the left wrist. On 09/16/05, Dr. Olivares recommended an MRI of the left shoulder and physical therapy. Physical therapy was performed with Dr. Olivares from 09/19/05 through 07/18/06 for a total of 111 sessions. An MRI of the left shoulder interpreted by Dr. Sabatelli on 09/26/05 revealed rotator cuff full thickness disruption, humeral head superior subluxation, bursitis, and edema. An MRI of the cervical spine interpreted by Dr. Sabatelli on 09/26/05 revealed a disc protrusion at C3-C4 and limited disc bulging at C4 through C7. On 10/11/05, Dr. Port recommended left shoulder surgery. On 10/17/05, Dr. Port wrote a letter of preauthorization for durable medical equipment (DME) purchase and implantation of a pain pump with an abduction brace. A stress EKG performed by Dr. Mallick on 11/07/05 was normal. On 12/05/05, Dr. Port performed left shoulder surgery. On 12/06/05, Dr. Port requested physical therapy three times a week for four weeks. An unknown psychologist made no recommendations on 12/09/05 and 02/03/06. An FCE with Dr. Olivares on 02/17/06 indicated the claimant functioned at the light physical demand level. On 03/14/06, JI Specialty Services wrote a letter of denial for continued physical therapy. On 04/03/06, Ms. Wadsworth recommended a work hardening program. Dr. Port also recommended work hardening on 04/14/06 and 05/12/06. Another FCE with Dr. Olivares on 04/18/06 indicated the claimant functioned at the medium heavy physical demand level. An FCE with Dr. Sunakapakdee on 05/30/06 revealed the claimant could function at the below sedentary to light medium physical

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demand level and he also recommended a work hardening program. On 06/09/06, Dr. Olivares wrote a letter of reconsideration for preauthorization of the work hardening program. On 06/14/06, JI Specialty Services wrote a letter of denial for the work hardening program. On 07/14/06, Dr. Diaz felt the claimant was not at Maximum Medical Improvement (MMI). On 07/20/06, Dr. Mayorga also felt the claimant was not at MMI.

Disputed Services:

Preauthorization request: work hardening for four weeks (97546-WH)

Decision:

I disagree with the requestor as I do not feel that the claimant qualifies for a work hardening program at this time.

Rationale/Basis for Decision:

After reviewing the medical records provided, it was found that the claimant was injured on _____. The patient had surgery to the left shoulder on 12/05/05. He received 36 postoperative rehabilitation visits for the left shoulder. The treatment in question is four weeks of work hardening. According to the American Physical Therapy Association Guidelines for Work Hardening and Work Conditioning Programs, to be eligible for work hardening a patient must have a targeted job or job plan for return to work, have a stated willingness to participate, and have identified physical functional, behavioral, and vocational deficits that interfere with work. According to the medical records provided for review, there are no updated functional capacity evaluations or psychological evaluations on this claimant to show if he is a candidate for a work hardening program. The last FCE was performed on 05/30/06 and the last psychological evaluation was performed on 04/03/06. These evaluations were performed over three months ago. Therefore, at this time, the claimant would not qualify for a work hardening program.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

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This decision by the reviewing physician with Professional Associates is deemed to be a Division decision and order.

YOUR RIGHT TO REQUEST A HEARING

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
TDI-Division of Workers' Compensation
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.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the claimant via facsimile or U.S. Postal Service this day of 09/05/06 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel