



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: ---
Texas IRO # : ---
MDR #: M2-07-0007-01
Social Security #: XX-XX-
Treating Provider: Alfredo Sardinas, M.D.
Review: Chart
State: TX
Date Completed: 10/9/06

Review Data:

- **Notification of IRO Assignment dated 9/15/06, 1 page.**
- **Receipt of Request dated 9/15/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 8/25/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Office Visit Notes dated 6/27/06, 7/11/06, 7/25/06, 8/2/06, 8/10/06, 8/24/06, 3 pages.**
- **Right Shoulder MRI dated 7/5/06, 1 page.**
- **Right shoulder X-Ray, 7/5/06, 1 page.**
- **Daily Physical Therapy Notes dated 8/11/06, 8/9/06, 8/4/06, 8/2/06, 7/26/06, 7/19/06, 7/17/06, 7/14/06, 8 pages.**
- **Physical Therapy Initial Evaluation dated 7/12/06, 3 pages.**
- **Utilization Review dated 8/1/06, 7/24/06, 4 pages.**
- **Letter from Atty. Robinson, dated 9/13/06, 2 pages.**
- **Letter from James R. Sheffield, III, dated 9/22/06,**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for right shoulder arthroscopy (29826, 29823, and 29821).

Determination: REVERSED - the previously denied request for right shoulder arthroscopy (29826, 29823, and 29821).

Rationale:

Patient's age: 21 years
Gender: Male
Date of Injury: ___
Mechanism of Injury: Motor vehicle accident.

Diagnosis: Right shoulder impingement.

This claimant had been treating with Dr. Sardinas since 06/27/06 for persistent right shoulder pain. The claimant has examination findings of tenderness with greater than ninety to one hundred degrees of abduction. The 07/05/06 MRI of the right shoulder showed evidence of tendonitis and some acromioclavicular arthropathy. The claimant failed physical therapy, trigger point injections and medications. This reviewer recommends approval of the proposed right shoulder arthroscopy as being medically necessary. The MRI of the right shoulder showed arthropathy with evidence of tendonitis. The claimant has had extensive conservative treatment including medications, trigger point injections and physical therapy and has failed to show significant improvement. Based on this failure to improve with conservative treatment, and the MRI findings that are consistent with impingement, the proposed shoulder arthroscopy is reasonable and appropriate and this reviewer recommends it as being medically necessary.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
ACOEEM Guidelines, 2nd Edition, Chapter 9.
The Shoulder, 3rd Edition, Edited by Charles A. Rockwood, Jr., M.D., et al.

Physician Reviewers Specialty: Orthopedic Surgeon

Physician Reviewers Qualifications: Texas Licensed M.D. and is currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist 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 the decision before the referral to CompPartners, Inc.

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.

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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, requestor, claimant and the Division via facsimile or U.S.

Postal Service from the office of the IRO on this day of October 9, 2006.

Signature of IRO Employee:

Printed Name of IRO Employee

Lee-Anne Strang

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