

November 14, 2006

TX DEPT OF INS DIV OF WC
AUSTIN, TX 78744-1609

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-07-0063-01

CLIENT TRACKING NUMBER: M2-07-0063-01

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above-mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA 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. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing 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.

Records Received:

Records from the State:

Notification of IRO assignment dated 10/6/06 3 pages

Table of disputed services undated 1 page

List of treating providers undated 1 page

Denial letter dated 8/18/06 2 pages

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Denial letter dated 9/5/06 2 pages

Records from Respondent:

UR notes dated 8/10/06–9/6/06 8 pages

EOB for DOS 8/4/06 1 page

Invoice for DOS 8/10/06 1 page

EOB for DOS 8/16/06 1 page

Request for reconsideration dated 8/28/06 1 page

Request for reconsideration dated 10/2/06 1 page

Request for reconsideration dated 10/4/06 1 page

Request for reconsideration dated 10/6/06 1 page

Records from the requestor:

Case history and physical/SOAP notes dated 7/28/06–9/25/06 11 pages

Radiology report dated 8/8/06 1 page

Office note dated 8/11/06–9/21/06 6 pages

FCE dated 8/16/06 2 pages

Physical Performance evaluation dated 8/25/06 20 pages

Work Status report dated 7/28/06 1 page

Work status report dated 8/23/06 1 page

Work status report dated 9/22/06 1 page

Work status report dated 9/28/06 1 page

Summary of Treatment/Case History:

The patient is a 19-year-old male employee who injured his shoulder and rib cage stocking boxes.

Questions for Review:

Item(s) in dispute #97124, #97032, #97112 @ 3 x week x 2 weeks #97110 and #97150 @ 3 x week x 3 weeks

Explanation of Findings:

This is the case of a 19-year-old male who injured himself stocking parts at an automobile parts store. He was diagnosed with left shoulder strain and treated with physical therapy modalities for 8 sessions. A request for further care was previously denied.

ACOEM guidelines Chapter 9, pages 203, 204 state that physical therapy can be used for the initial weeks of care.

Official Disability Guidelines, Physical Therapy Guidelines– American College of Occupational and Environmental Guidelines 10th Edition supports 9 sessions and then a home care program; the patient has completed 8 such sessions.

ACOEM guidelines supports physical therapy for the initial two weeks only, and this has been exceeded in this review.

To summarize, the patient has received 8 sessions of physical therapy. Guidelines support 9 treatments or conservative care for the initial care of a shoulder injury. There is no solid scientific data available to warrant continued physical therapy in this review.

Conclusion/Decision to Not Certify:

Item(s) in dispute #97124, #97032, #97112 @ 3 x week x 2 weeks #97110 and #97150 @ 3 x week x 3 weeks

The disputed services are not medically necessary.

Applicable Clinical or Scientific Criteria or Guidelines Applied in Arriving at Decision:

Scientific literature of the medical community.

References Used in Support of Decision:

ACOEM guidelines Chapter 9, pages 203, 204

Official Disability Guidelines, Physical Therapy Guidelines– American College of Occupational and Environmental Guidelines 10th Edition

The chiropractor who provided this review has been issued a certificate by the state Board of Chiropractic Examiners. This reviewer has also received certification for Acupuncture. This reviewer is a fellow of the American Back Society. This reviewer is a member of the American Academy of Disability Evaluating Physicians and the Texas Chiropractic Association. This reviewer has been in active practice since 1986.

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.

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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.

Chief Clerk of Proceedings /
Appeals Clerk
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

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, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 14 day of Nov/2006.

Raquel Goodbeau

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, and the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published

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scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Raquel G ext 518

cc: requestor and respondent