

October 27, 2006

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

CLAIMANT: ___

EMPLOYEE: ___

POLICY: M2-07-0123-01

CLIENT TRACKING NUMBER: M2-07-0123-01

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 10/11/06 1 page

Request for review dated 10/9/06 1 page

Medical dispute resolution request dated 9/18/06 2 pages

Table of disputed services undated 1 page

Preauthorization request dated 8/30/06 1 page

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

www.mrioa.com A URAC Accredited Company

Reevaluation note dated 8/30/06 2 pages
Request for reconsideration dated 9/5/06 1 page
Review determination dated 9/5/06 1 page
Fax journal dated 9/5/06 1 page
Complaint dated 9/13/06 1 page
Review determination dated 9/15/06 1 page
Records from the Respondent:
Letter to MRIOA dated 10/17/06 1 page
Review determination dated 9/5/06 1 page
IRO summary dated 10/12/06 2 pages
Employers first report of injury dated 4/4/06 1 page
Visit note dated 4/18/06 1 page
Nurse's notes dated 4/18/06 5 pages
Visit summary dated 4/25/06 1 page
HealthSouth Initial Evaluation dated 5/1/06 3 pages
HealthSouth Plan of Care dated 5/1/06 2 pages
HealthSouth daily note dated 5/8/06 2 pages
History and physical dated 4/4/06 2 pages
Work status report dated 5/18/06 1 page
Clinic note dated 6/5/06 3 pages
Work status report dated 6/5/06 1 page
Work status report dated 7/6/06 1 page
Patient's daily records dated 6/15/06–7/11/06 12 pages
Clinic notes dated 7/12/06 2 pages
Work status report dated 7/12/06 1 page
Radiology report dated 7/23/06 2 pages
Visit note dated 8/18/06 3 pages
Daily patients records dated 8/30/06 1 page
Clinic note dated 8/30/06 2 pages
Work status report dated 8/17/06 1 page
Records from Treating Provider:
Letter from Dr. Rabbani dated 7/24/06 1 page
Visit note dated 8/18/06 2 pages
Visit note dated 8/18/06 1 page
Request for reconsideration dated 9/5/06 1 page
Letter requesting reconsideration dated 9/15/06 2 pages
Visit note dated 10/24/06 1 page
Visit note dated 10/24/06 1 page

Summary of Treatment/Case History:

On ____, as the claimant was cleaning the floor, she needed to move a heavy table. As she was pushing and pulling on the table, she felt a pain and heard a noise in her right shoulder and cervical spine. She reported the accident to her assistant manager who brushed it off. She was seen by the company doctor who took X-rays and returned her to work with restrictions (that appear not to have been followed) and then to full work.

At that point, she consulted with the provider who performed a full examination, began treatment and ordered an MRI. The July 21, 2006 MRI revealed tendinosis of the supraspinatus tendon with atrophy of the muscle and subdeltoid bursitis. On August 18, 2006, the patient received a subacromial injection into the right shoulder.

Questions for Review:

Preauth denied for 12 session of physical Therapy CPT codes #G0283, #97124, #97110.

Explanation of Findings:

While the carrier reviewer opined that the proposed treatment is medically unnecessary, based on the 09/15/06 correspondence from the provider, it is obvious that the reviewer did not have the patient's complete file and based his denial on less than the full facts.

Expectation of improvement in a patient's condition should be established based on success of treatment. Continued treatment is expected to improve the patient's condition and initiate restoration of function. If treatment does not produce the expected positive results, it is not reasonable to continue that course of treatment. With documentation of improvement in the patient's condition and restoration of function, continued treatment may be reasonable and necessary to effect additional gains.

In this case, there is adequate documentation of objective and functional improvement in this patient's condition based on the examinations performed by the provider. Therefore, the medical records substantiate that the requested services fulfill statutory requirements for medical necessity since additional treatment will give the claimant an opportunity to obtain further relief, promote further recovery and enhance her ability to retain employment.

References Used in Support of Decision:

Texas Labor Code 408.021

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

www.mrioa.com A URAC Accredited Company

This review was provided by a chiropractor licensed in Texas, certified by the National Board of Chiropractic Examiners, and who is a member of the American Chiropractic Association and has several years of licensing board experience. This reviewer has written numerous publications and given several presentations with their field of specialty. This reviewer has been in continuous active practice for over twenty-five years.

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.

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 27 day of Oct/2006.

Raquel Goodbeau

MRloA 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 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.

1264247.1

Case Analyst: Raquel G ext 518

cc: requestor & respondent

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

www.mrioa.com A URAC Accredited Company