



SENT TO: Texas Department of Insurance
Health & Workers' Compensation Network Certification & QA
Division (HWCN) MC 103-5A
Fax: 512.804.4868

U.S. Fire Insurance
Eloy Castillo
877.622.6840

Richard Westbrook, MD
915.534.1120

02/05/07

RE: IRO Case #: M2.07.0385.01
Name: _____
Coverage Type: Workers' Compensation Health Care - Non- network
Type of Review:
 Preauthorization
 Concurrent Review
 Retrospective Review
Prevailing Party:
 Requestor
 Carrier

ZRC Medical Resolutions, Inc. (ZRC) has been certified, IRO Certificate #5340, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to ZRC for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

ZRC has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, ZRC reviewed the medical records and documentation provided to ZRC by involved parties.

This case was reviewed by a M.D., F.A.C.S., Board Certification: American Board of Orthopedic Surgery, with experience in evaluation and treatment repetitive motion stress-type soft tissue injuries. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization



review agent (URA), and any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of ZRC, I certify that:

1. there is no known conflict between the reviewer, ZRC and/or any officer/employee of ZRC with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal service or otherwise transmitted in the manner indicated above on 02/05/07.

RIGHT TO APPEAL:

You have the right to appeal the decision by seeking judicial review. This IRO decision is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery, the appeal must be filed:

1. directly with a district court in Travis County (see Labor Code 413.031(m)), and
2. within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

A stylized signature consisting of the lowercase letters "j" and "c" in a bold, black, sans-serif font. The "j" is positioned to the left of the "c", and they are connected at the top.

Jeff Cunningham, D.C.
President/CEO



**REVIEWER REPORT
M2.07.0385.01**

DATE OF REVIEW: 02/05/07

IRO CASE #: M2-07-0385-01

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Left shoulder arthroscopy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., F.A.C.S., Board Certification: American Board of Orthopedic Surgery, with experience in evaluation and treatment repetitive motion stress-type soft tissue injuries

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

I agree with the determination not to authorize left shoulder arthroscopy in this circumstance.

INFORMATION PROVIDED FOR REVIEW:

Physician’s medical records.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate female, now 47 years of age, suffered repetitive motion soft tissue stress and strain injuries dated to _____. Her initial complaints included left wrist and finger triggering, symptoms suggestive of carpal tunnel syndrome on the left side.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The patient’s initial complaints were treated appropriately. Subsequently, she developed some left shoulder complaints well past 3 or 4 years after the original stress and strain repetitive type soft tissue injuries were initially evaluated, diagnosed, and treated. There were some positive physical findings suggestive of tenosynovitis of the rotator cuff and the biceps tendon. These were confirmed by MRI scan, repeated as late as 10/10/06.



However, there are no findings that would specifically suggest that the current complaints and physical findings are as a result of injuries suffered in ____.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description):