

INDEPENDENT REVIEW INCORPORATED



SENT TO: Texas Department of Insurance
Health & Workers' Compensation Network Certification & QA
Division (HWCN) MC 103-5A
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01/19/07

RE: IRO Case #: M2.07.0579.01
Name:
Coverage Type: Workers' Compensation Health Care - Non-network
Type of Review:
 Preauthorization
 Concurrent Review
 Retrospective Review
Prevailing Party:
 Requestor
 Carrier

Independent Review, Inc. (IRI) has been certified, IRO Certificate # 5055, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to IRI for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

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

This case was reviewed by a D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine Rehabilitation, and Pain Management. 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 IRI, I certify that:

1. there is no known conflict between the reviewer, IRI and/or any officer/employee of IRI 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 01/19/07.

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,

Jeff Cunningham, D.C.
Director of Operations

**REVIEWER REPORT
M2 07 0579 01**



DATE OF REVIEW: 01/16/07

IRO CASE #: M2-07-0579-01

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Fifteen sessions of chronic pain management, 8 hours a day, 5 days a week for 3 weeks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine Rehabilitation, and Pain Management

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)

INFORMATION PROVIDED FOR REVIEW:

1. Records from Requestor.
2. Procedure note dated 09/11/06 pertaining to left supraspinatus tendon sheath injection.
3. Pain management specialist's notes.
4. Orthopedic surgeon's notes.
5. Procedure note dated 04/11/06 pertaining to manipulation of the left shoulder under anesthesia.
6. Physical medication and rehabilitation note dated 02/06/06.
7. Functional capacity evaluation report dated 07/20/06, in which recommendation of the physical therapist was for multidisciplinary pain clinic intervention.
8. Notes dated 07/13/06 in which maximum medical improvement was anticipated on 09/13/06. It was noted on 10/27/06 that he felt he had not yet attained maximum medical improvement.
9. Note from chiropractor dated 02/09/06.
10. Note from another chiropractor.
11. Operative report of 09/08/05, which was a left rotator cuff repair with acromioplasty.
12. MRI scan report of the left shoulder dated 06/14/05
13. Physical therapy notes.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The examinee had a fall at work on 05/17/05 with subsequent complaints pertaining to the left shoulder, which ultimately led to physical therapy, surgery, post surgical injection therapy, as well as physical therapy and brief counseling.

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

I do not believe that this gentleman requires a comprehensive chronic pain program. He is 16 months post surgery and should definitely have achieved maximum medical improvement at this point in time. There is some suggestion in the medical records that he has some underlying depression. This can certainly be handled by way of psychological counseling on a limited basis. The typical recovery post surgically is 4 months for procedures such as what this gentleman underwent. He has had adequate exposure to physical therapy, injection therapy, and medications, in my opinion. His condition is such that the pain is relegated to the left shoulder, and in my opinion can be dealt with through an uncomplicated outpatient management program with medication along with psychological counseling if the depression persists.

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

- 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.)