

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
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January 29, 2007

Re: Medical Dispute Resolution
MDR# M2-07-0688-01
DWC# _____
Injured Employee: _____
DOI: January 27, 2005
SS#: _____
IRO Certificate #: IRO5313
Name of Requestor: Robert J. Henderson, M.D.
Name of Provider: Robert J. Henderson, M.D.
Reviewed by: Orthopedic Surgeon

TRANSMITTED VIA FAX TO:

Medical Dispute Resolution
TDI-Division of Workers' Compensation
FAX: 512-804-4868

Dear Dr. Henderson:

In accordance with the requirements for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to Southwest Medical Examination Services, Inc. (SMES) for an independent review. In performing this review, SMES reviewed relevant medical records, any documents provided by the parties referenced above, and documentation and written information submitted in support of the dispute.

I am an officer of Southwest Medical Examination Services, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in the area of orthopedic surgery, and is currently listed on the DWC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

Medical records from the Treating Doctor include:

- Family Medical Center, 09/26/03, 10/02/03, 11/03/03, 01/11/05, 10/17/05, 10/24/05, 12/02/05, 12/12/05, 12/27/05, 03/17/06, 05/02/06, 05/09/06, 06/13/06, 07/03/06, 10/16/06, 11/27/06, 01/17/07
- Ward Memorial Hospital, 02/21/05

Medical records from the Respondent include:

- J. Scott Smith, M.D., 07/27/05, 08/03/05, 08/25/05, 08/31/05, 09/16/05, 09/28/05, 12/02/05
- Hoon Rowe, M.D., 08/25/05
- Alliance Hospital/ Carl Joseph D'Agostino, M.D., 11/17/05, 11/18/05, 11/21/05
- Ward Memorial Hospital, 04/05/06, 04/06/06
- Dallas Spine Care, 04/12/06, 06/21/06, 08/02/06, 08/16/06, 08/23/06, 09/08/06, 10/25/06
- John D. Kirkwood, D.O., 06/29/06, 07/05/06
- Medical Center Hospital, 09/29/06, 10/04/06
- Monahans Physical Therapy, 08/05/05, 08/08/05, 08/10/05, 08/12/05, 08/15/05, 08/17/05, 08/19/05, 08/22/05, 08/23/05, 08/26/05, 08/28/05, 08/29/05
- Golder C.A.T. Scan & MRI Center, 05/26/06
- Midland Imaging Center, 06/30/06, 07/27/06, 08/15/06

Medical records from the Requestor include:

- Vista Hospital of Dallas, 10/30/06
- Dallas Spine Care, 06/21/06, 09/08/06, 10/25/06
- Carl D'Agostino, M.D., 10/04/06
- Midland Imaging Center, 07/27/05, 08/15/06
- Golder C.A.T. Scan & MRI Center, 05/26/06

Clinical History:

The reason for this review is a dispute regarding standard of care with submission by Robert J. Henderson, M.D., of a request for rib resection because of the patient's continuing pain and tenderness over the lower rib cage in the area of the 11th rib, mid clavicular line, according to Dr. Henderson's note.

The original work injury occurred on ____, when the patient slipped and fell injuring his lower back and reportedly his left lateral rib area. Initial records reviewed include a Southwest Orthopedic & Spine Center consultation of July 27, 2005, noting low back pain, but in reality, according to Dr. Henderson's initial evaluation of April 12, 2006, the pain appears to be posterolateral back area in the area of the lower rib cage with specific tenderness over the 10th or 11th rib laterally. A positive bone scan followed with increased uptake in this area, date of study May 26, 2006, noting abnormal uptake in the left lower rib in the mid clavicular line, which "may be secondary to rib fracture," according to the radiologist's report.

Nerve blocks followed in the fall of 2006 with Carl D'Agostino, M.D. noting relief of pain for approximately two days.

Based upon the localized tenderness, continuing pain, and the positive bone scan, Dr. Henderson recommends rib resection.

Records reviewed do not indicate that the patient has any metabolic bone disease or any primary cancer that might result in metastatic cancer to the rib. There is no evidence of any work up or review or CT scan of the chest wall or of the upper abdominal cavity in order to evaluate tenderness from expanding tumor masses. Dorsal and lumbar MRI studies are essentially normal for his age with no findings that could be directly associated with radicular pain into the area in question.

Disputed Services:

Rib resection

Decision:

In my opinion, rib resection for continuing pain in the presence of a possible previous fracture that should have been long since united is not standard of care for the treatment of continuing rib pain.

Rationale:

There are no ODG Guidelines regarding rib resection that I am aware of that either support or do not support the contention that rib resection is a standard of care procedure in this scenario.

I would consider it far more important for Dr. Henderson to obtain a thoracic surgery consultation regarding the continuing tenderness and pain in the patient's left lateral chest. The reason for the importance of a thoracic consult is that this area of continuing pain is not within the province of Dr. Henderson's specialty. Furthermore, rib fractures always unite. If you have

a persisting rib fracture or persisting bone uptake in the rib then you have to identify the reason why – that is, is there a metastatic carcinoma present or some form of metabolic bone disease involving the rib or some unidentified tumor involving the rib.

The fact that nerve blocks eliminate or diminish the pain over two or three days is not always an appropriate method to justify surgical treatment. Nerve blocks may be associated with psychological responses and placebo effect. In my opinion, potential lesions in bone with persisting pain should undergo appropriate diagnostic methods in order to establish a diagnosis as to why the persisting pain is occurring before electing to proceed with surgical care.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Southwest Medical Examination Services, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

If you are unhappy with this decision, you may seek judicial review of the decision. (Texas Labor Code, 413.031k) To seek such an appeal, a petition for judicial review must be filed with the Travis County District Clerk's Office in Austin, Texas not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. (Subchapter G, Chapter 2001, of the Texas Government Code) Neither the Department of Insurance nor the Division of Workers' Compensation is considered a party to the medical dispute in a judicial review. You may wish to consult with an attorney of your choice to assist you in filing an appeal. The Division of Workers' Compensation cannot assist or provide legal advice to you in this matter."

In accordance with Commission Rule 102.4(b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor and claimant via facsimile or US Postal Service from the office of the IRO on this 29th day of January 2007.

Sincerely,

John Turner
Southwest Medical Examination Services, Inc.