



Specialty Independent Review Organization, Inc.

October 16, 2006

DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-07-0028-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO 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.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This 63-year-old female injured her neck, shoulder, and upper extremities while working as an assistant processor at \_\_\_\_ on \_\_\_\_\_. Patient developed right upper extremity radicular symptoms and the MRI revealed a right sided HNP at C6-7. Patient was treated with conservative care and a manipulation under anesthesia. On 11/12/1992 the patient had right shoulder arthroscopy with debridement and manipulation under anesthetic. Patient had another manipulation under anesthetic on the shoulder on 02/23/1993. Patient continued to have pain in the right shoulder and had another arthroscopy on 10/26/1993 with debridement and rotator cuff repair.

Patient had an anterior cervical discectomy and fusion at C5-6 on 07/14/1994. Following the surgery the patient continued to complain of neck and radicular pain. She underwent another cervical discectomy and fusion on 01/04/1996. Patient continued to have complaints of pain and

did not progress well, resulting in another surgery on 03/23/2002 for an anterior cervical discectomy and fusion at C5-6 and 6-7.

Presently the patient has pain in the right shoulder and has restricted range of motion of abduction 80, flexion 120, external rotation 20 and internal rotation 120. In the information supplied there is no physical examination suggestive of impingement with rotator cuff repair as stated in the provider's letter of 08/04/2006. The only information is pain in the shoulder and the restricted range of motion.

#### RECORDS REVIEWED

##### Records from the Provider:

J Sazy MD, Letter: 8/4/2006.

J Sazy MD, Reports: 11/28/05 to 6/26/06.

##### Records from Carrier:

M Doyne MD, Report: 11/11 and 12/05/2005.

Baylor All Saints Medical Center, Cervical X-Ray: 12/22/2005.

J Sazy MD, Reports: 11/28/2005 to 4/3/2006.

OP Note: 4/2/2003

Concentra, Letters: 7/26 and 8/15/2006.

#### REQUESTED SERVICE

The requested service is for an MRI of the right shoulder.

#### DECISION

The reviewer agrees with the previous adverse determination.

#### BASIS FOR THE DECISION

This 63 year old has restricted range of motion of the right shoulder with a history of debridement and repair of the rotator cuff. In the information supplied there was no evidence of a physical examination relative to the rotator cuff.

ODG indication for MRI includes acute shoulder trauma with suspected rotator cuff tear/impingement, over the age of 40, and normal X-rays. A second indication is sub-acute shoulder pain, suspect instability/labral tear. This patient does not fit the criteria because of the lack of information on physical findings.

#### REFERENCES

ODG – Imaging Guidelines.

Buckholz: Orthopedic Decision Making, 2nd Edition.

Campbell's Operative Orthopedics, 10th Edition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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.

Sincerely,

Wendy Perelli, CEO

## **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.**

Sincerely,

Wendy Perelli, CEO

**I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 16<sup>th</sup> day of October, 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative: Wendy Perelli**