

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that FCE, office consultation, NCVs, "H" or "F" reflex study, EMG, and SSEP were not medically necessary.

Based on review of the disputed issues within the request, the Division has determined that FCE, office consultation, NCVs, "H" or "F" reflex study, EMG, and SSEP fees were the only fees involved in the medical dispute to be resolved. As the services/treatment were not found to be medically necessary, reimbursement for dates of service 11-27-01 through 11-30-01 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 29th day of July 2002.

Dee Z. Torres, Medical Dispute Resolution Officer
Medical Review Division

DZT/dzt

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and subsequently re-delegated by Virginia May, Deputy Executive Director.

Enclosure: IRO decision

NOTICE OF INDEPENDENT REVIEW DECISION **CORRECTED LETTER**
NOTE: Requested Service(s) and Rationale/Basis for Decision
May 22, 2002

David Martinez
Chief, Medical Dispute Resolution
Medical Review Division
Texas Workers Compensation Commission
4000 South IH-35, MS 40
Austin, TX 78704-7491

RE: Injured Worker:
MDR Tracking #: M5-02-2232-01
IRO Certificate #: 4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 23 year old male injured his right shoulder on ___ when he was getting into the back of a truck, lifting something with his shoulder and heard a loud pop. A MRI of the right shoulder performed on 11/19/01 revealed a rotator cuff tear. The patient was scheduled for a surgical consultation on 11/27/01.

Requested Service(s)

All services provided on 11/27/01 and 11/30/01 and billed as office consultation, EMG, nerve conduction studies, somatosensory evoked potential, H or F reflex study and physical performance testing.

Decision

The services provided on 11/27/01 and 11/30/01 and billed as office consultation, EMG, nerve conduction studies; somatosensory evoked potential, H or F reflex study and physical performance testing were not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The patient had no evidence of radicular symptoms and the examination did not reveal signs of nerve involvement. The patient's complaints of pins and needle sensation were a result of his rotator cuff tear of 11/06/01. The office consultation was for the purpose of performing the tests and was not medically necessary. There were no clinical indications for somatosensory evoked potentials, as there was no evidence of plexopathy or myopathy. The physical performance testing was not medically necessary as the patient was already being considered for surgery.

Sincerely,