

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 assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The MRI was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these MRI charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 10/9/01 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 7th day of January 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

October 31, 2002

Re: Medical Dispute Resolution
MDR #: M5.02.2448.01
IRO Certificate No.: IRO 5055

Dear:

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Certified in Physical Medicine and Rehabilitation.

CLINICAL HISTORY:

The patient was involved in a work-related injury and required extensive surgical and non-operative treatment over several years. He fell, injuring both of his upper extremities, in the cervical region. He had had assessment of his right shoulder with MRI studies and had surgery. However, the left shoulder had not previously been evaluated radiographically. The patient had limitations in lifting and function involving both upper extremities, and the left upper extremity appeared to warrant further clinical assessment which led to the recommendation for an MRI study of the left shoulder.

The MRI study was completed on 10/9/01 and did reveal findings consistent with a severe tendinopathy along the supraspinatus tendon at its insertion on the greater tuberosity, without evidence of a full-thickness tear. The patient was also found to have acromioclavicular joint hypertrophy with evidence of fluid present in the AC joint and the subacromial/subdeltoid bursa, suggesting bursitis.

DISPUTED SERVICES:

Denial of left shoulder MRI study.

DECISION:

The reviewer disagrees with the determination of the insurance carrier in this case. The left shoulder MRI study was reasonable, appropriate and medically necessary.

RATIONALE:

According to the documentation provided, the patient had not been studied radiographically. His shoulder pain restricted his ability to progress in his rehabilitation program. The possibility of surgical intervention or other non-operative management would hinge upon the results of the MRI study, thus the MRI study was reasonable and medically appropriate in assessing this patient's shoulder dysfunction.

I am the Secretary and General Counsel of ___ and I certify that the reviewing healthcare professional 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.

Sincerely,