

October 23, 2002

David Martinez  
TWCC Medical Dispute Resolution  
4000 IH 35 South, MS 48  
Austin, TX 78704

MDR Tracking #: M2-03-0046-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed MD specialized and board certified in Orthopedic Surgery. The \_\_\_ 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 \_\_\_ 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

\_\_\_ is a 44-year-old woman who sustained injury to her shoulder when she was attempting to lift a heavy box weighing approximately 100 pounds. This injury occurred on \_\_\_. The patient had injury to the shoulder and was unable to abduct her shoulder without pain. She was referred to \_\_\_ who is an orthopedic surgeon. An x-ray of the shoulder was initially obtained. This x-ray reported hypertrophic changes in the acromioclavicular joint with spurring at the AC joint. When the acromioclavicular joint is hypertrophied and has spurs, this usually means that there is an accompanying subacromial impingement syndrome which is also impinging on the AC joint enlargement that is present. At any rate, \_\_\_ examined her and felt that she was having some subacromial impingement syndrome. He did an MRI on her shoulder. The MRI was done on April 1, 2002. It demonstrated evidence of acromioclavicular joint hypertrophy with subacromial bursitis. It also demonstrated a down-sloping acromion which is suggestive of subacromial impingement syndrome. He had injected her already on March 27, 2002. She got some good initial relief, but the relief did not last longer than about two weeks, which is usually the length of time that the medication is active. She also had in

injection on August 14, 2002 and this did just about the same thing. It gave her good temporary relief, but the symptoms came right back. She had physical therapy and anti-inflammatory medication.

#### REQUESTED SERVICE

\_\_\_ is requesting arthroscopy of the right shoulder.

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The treatment \_\_\_ received plus the length of time that she has been symptomatic constitute definite failure of conservative treatment in this case. This patient is a candidate for subacromial decompression of the shoulder. \_\_\_ has suggested this procedure, but the carrier has disputed it. The records support the need for arthroscopic subacromial decompression in view of failure of conservative treatment and particularly in view of the length of time that the symptoms have been going on. The original injury occurred on \_\_\_ and she is still having symptoms. Therefore, there is no question that the surgical procedure is indicated.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

#### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).