

NOTICE OF INDEPENDENT REVIEW DECISION

July 18, 2003

RE: MDR Tracking #: M2-03-1356-01
IRO Certificate #: IRO4326

___ 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 proposed 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 ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer 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 patient sustained injuries to her cervical and lumbar spines and left shoulder on ___ while taking an inmate to x-ray. The inmate starting fighting with her and she fell to the floor. She began physical and aquatic therapies and eventually had a lumbar laminectomy with fusion and cages at L5-S1. An MRI from 07/01/02 revealed a left rotator cuff tear with effusion. She has had cervical epidural steroid injections (ESI) and steroid injections to her left shoulder.

Requested Service(s)

Arthroscopic debridement rotator cuff and subacromial decompression of the left shoulder

Decision

It is determined that the proposed arthroscopic debridement rotator cuff and subacromial decompression of the left shoulder is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The reported signs and symptoms from the reviewed physical exam are positive for left shoulder impingement. In addition, the MRI of the left shoulder from 07/01/02 revealed a rotator cuff tear with effusion. It is medically necessary and appropriate for a patient with documented tendonopathy and impingement to have an arthroscopic debridement and subacromial decompression. This response is based on articles from the American Journal of Sports Medicine (2001) and The American Academy of Orthopedic Surgeons (2002).

This decision by the IRO is deemed to be a TWCC decision and order.

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.

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

If disputing other prospective medical necessity (preauthorization) decisions 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 hearing should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

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

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 18 th day of July 2003.
