

December 2, 2003

Re: MDR #: M2-04-0277-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records 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. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

Clinical History:

This 25-year-old female claimant injured her right shoulder in a work-related accident on ____. She went to the emergency room at which time the ER physician gave her Naprosyn, an anti-inflammatory medication. She saw her primary care physician for follow-up and he continued the Naprosyn and sent her for physical therapy. He also referred the patient to an Orthopedic Surgeon.

She saw the Orthopedic Surgeon on 03/21/02. He gave her two injections during the course of treatment. An MRI on 03/26/02 was negative, showing no real significant evidence of subacromial impingement syndrome, or any evidence of rotator cuff tear. An arthrogram of her shoulder with CT scan was also normal. She had no tear in the cuff that could be demonstrated on the arthrogram.

She continued physical therapy and treatment with the Orthopedic Surgeon. She improved somewhat, but continued to have chronic shoulder pain. An Independent Medical Evaluation by an Orthopedic Surgeon on 08/02/02 noted that the patient could abduct her shoulder to 120 degrees. This is almost a normal amount of abduction. Therefore, the patient must have improved considerably as a result of her treatment with the Orthopedic Surgeon.

Disputed Services:

Arthroscopic surgery of the right shoulder (29815).

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that arthroscopic surgery of the right shoulder is not medically necessary in this case.

Rationale:

This patient has no real objective indication for shoulder surgery. The records provided for review indicate that on 08/14/03 she was able to abduct her shoulder to 170 degrees. This is almost a normal level. Anyone who can abduct to that level would not be expected to be having too much subacromial impingement symptoms.

The patient has also been well worked up with MRI and an arthrogram with CT scan, both of which were entirely normal and did not demonstrate any evidence of rotator cuff tear or subacromial impingement. The patient also had some electrodiagnostic studies that were satisfactory. The records submitted do not support the need for surgery on this patient's shoulder at this time.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician 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 care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 December 2, 2003

Sincerely,