

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-3609.M2**

January 9, 2004

Re: MDR #: M2-04-0431-01  
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 Pain Management.

**Clinical History:**

This 41-year-old female injured her left shoulder on-the-job on \_\_\_ and has failed to respond to conservative treatment. Her treating orthopedic surgeon feels she has a glenoid labral lesion despite an MRI report which shows no labral lesion.

**Disputed Services:**

Proposed Left Shoulder Arthroscopic Labral Repair.

**Decision:**

The reviewer agrees with the determination of the insurance carrier that the procedure in question above is not medically necessary.

**Rationale:**

The mechanism of injury with which this patient presented, namely repetitive lifting, is not the typical type of mechanism of injury one would associate with a labral tear or a SLAP lesion. There are abnormalities present on the MRI including arthrosis of the AC joint which could account for some of the clicking and popping in the shoulder joint. The source of the discomfort has not been ruled out adequately at this stage of the clinical assessment.

ADDITIONAL COMMENTS: Additional diagnostic modalities are indicated including other imaging techniques such as possibly MR arthrogram, if the physician is determined that the claimant has a labral tear or SLAP lesion. Data has concluded that normal MRI's are not 100% positive all the time with this type of lesion, but one would expect some indication from the MRI that there was some type of abnormality of the labrum, but this is not documented on the views obtained.

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 January 9, 2004.

Sincerely,