

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** March 1, 2004

**MDR Tracking #:** M2-04-0812-01  
**IRO Certificate #:** 5242

\_\_\_ 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 an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. 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**

The claimant is a 38 year old female who was struck by boxes on a trolley while standing, not knocked to ground. No loss of consciousness. Seen in the emergency room and subsequently seen by \_\_\_ on 10/8/03. It appears he is an Orthopaedic Surgeon. Noted full range of motion (ROM) of both shoulders with mild pain, symmetrical internal and external rotation (same motion on both sides), and full strength both shoulders. No mention of shoulders on diagnostic conclusions. She was seen by \_\_\_ on 10/17/03. There was no range of motion or strength exam and no mention of testing for shoulder stability. No impingement testing. MRI done 11-13-03 read as normal by radiologist. Nerve conduction studies were normal on 10-29-03. Dermatomal evoked potentials were found to be abnormal but these studies are not good for peripheral neuropathy. 11-22-03 exam by \_\_\_ found no impairment.

### **Requested Service(s)**

Arthroscopy and decompression right shoulder.

### **Decision**

I agree with insurance carrier that medical necessity for this procedure has not been demonstrated.

### **Rationale/Basis for Decision**

There is not adequate documentation of impingement in clinical records. There is no documentation of ROM, strength or stability by \_\_\_, \_\_\_ and \_\_\_ found no significant

shoulder impairment on their exams. MRI is normal. The only mention of treatment I saw in the records was physical therapy and anti-inflammatories. I saw no documentation of injection. If she had significant impingement related to her work injury, it would have been obvious on \_\_\_ exam on 10/8/03, and he found none on that exam.

### **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** (ten) calendar days of your receipt of this decision (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk

P.O. Box 17787

Austin, Texas 78744

Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.