

May 3, 2004

Re: MDR #: M2-04-1055-01
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.

I am the Secretary and General Counsel ___ 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.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in Chiropractic and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

1. TWCC-60, Table of Disputed Services, EOB's
2. Carrier correspondence, medical review 12/13/03, case review 04/08/03, medical evaluation (MMI) 03/15/03, H&P 03/05/03.
3. Treatment notes and documentation: ___, ___, ___ from 04/02 thru 01/03.
4. FCE 11/19/02, PPE 09/05/02, 06/09/02EMG 06/14/02, ROM 04/24/02.
5. MRI left elbow 08/27/02.

Clinical History:

This 42-year-old male claimant felt pain and popping in his left shoulder and elbow following an on-the-job accident on ___.

He then underwent a conservative care with limited benefit and an MRI of his left shoulder performed in January 2003 revealed a full thickness tear of the rotator cuff. He had surgery in February 2003, followed by post-operative rehabilitation, including aquatic therapy. On August 8, 2003, he was determined by a designated doctor to be at MMI with a 5% whole-person impairment.

Disputed Services:

Post-op NCV/EMG of left shoulder and left elbow

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a post-op NCV/EMB of the left shoulder and elbow is not medically necessary in this case.

Rationale:

Despite the positive findings on the initial electrodiagnostic studies, a post-operative MRI performed on 04/29/03 showed evidence of “a post-surgical shoulder decompression with no evidence of continued tear of the rotator cuff tendon.” Further, the initial MRI of the left elbow showed a “non-specific effusion without acute abnormality.” Therefore, the medical necessity of repeat electrodiagnostics to these areas cannot be supported, despite the persistence of patient symptoms.

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 May 3, 2004.

Sincerely,