

NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 18, 2004

RE: MDR Tracking #: M2-04-1229-01
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 has a history of chronic shoulder pain allegedly related to a compensable work injury on ___. The claimant has undergone 3 rotator cuff repairs.

Requested Service(s)

Arthrogram of the right shoulder

Decision

I agree with the insurance carrier that the requested intervention is not medically necessary.

Rationale/Basis for Decision

Generally an arthrogram is a pre-operative imaging study performed to assess the integrity of the rotator cuff when surgical intervention is under consideration. According to a clinic note dated 12/9/02, treating physician does not believe that the claimant is an operative candidate after 3 attempts at repair of the rotator cuff. A clinic note dated 6/16/03 indicates the claimant exhibits "reasonably good motion" and symptoms are primarily chronic shoulder pain. There is no clear evidence of significant degenerative change of the glenohumeral joint or acromioclavicular joint. There has been some discussion regarding the use of joint fluid replacement (Synvisc). A clinic note dated 12/1/03 indicates x-rays of the shoulder "did not show any gross degenerative arthritic change in the shoulder whatsoever". In light of this documentation there is no clear indication for the use of Synvisc in this clinical setting.

The need for an arthrogram to determine if the shoulder joint will “hold fluid” is moot as there is no clear indication for use of Synvisc. Documentation indicates the claimant would be best served by a conservative management program emphasizing the use of oral nonsteroidal and steroidal anti-inflammatory medications and physical therapy program emphasizing scapular stabilization. Documentation does not support that invasive diagnostic procedures are medically necessary at this time.

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.