

October 21, 2004

ROSALINDA LOPEZ / GAIL A  
TEXAS WORKERS COMP. COMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:  
EMPLOYEE:  
POLICY: M2-05-0046-01

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CLIENT TRACKING NUMBER: M2-05-0046-01 5278

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

**Records Received:**

Records from TWCC:

- Notification of IRO Assignment, dated 9/21/04 - 8 pages

Records from Dr. O, MD

- Work related injury report, dated 9/29/04, 8/18/04, 6/21/04, 5/26/04, 4/7/04, 2/25/04, 1/30/04, 1/7/04, 11/19/04, 10/22/03, 9/24/03, 8/27/03 - 29 pages
- Radiology: Shoulder 3 views-right, dated 6/21/04 - 2 pages

Records from \_\_\_:

- Fax cover sheet from \_\_\_, dated 9/21/04 - 1 page
- Cover letter, dated 9/21/04 - 1 page
- Page entitled "Table of Contents", undated - 1 page
- Page entitled "Doctors seen", undated - 1 page
- Letter to Medical Review Board from \_\_\_, dated 9/3/04 - 2 pages

- Notification to \_\_\_ from TWCC, dated 9/9/04 - 1 page
- Letter to Gail Anderson from \_\_\_, dated 9/16/04 - 1 page
- Table of Disputed Services, dated 9/16/04 - 1 page
- Duplicates - 2 pages
- Fax cover sheet to Dr. D, MD, undated - 1 page
- Exam by Dr. D sent to Dr. G, MD, dated 10/16/01 - 2 pages
- Fax cover sheet to Central Tx. Spine Institute, LLP, undated - 1 page
- Workers' Comp Consultation by Dr. S, Jr, MD, dated 1/2/02 - 2 pages
- Fax cover sheet to Dr. J, MD, undated - 1 page
- Exam by Dr. J, dated 4/8/04 - 2 pages
- Fax cover sheet to Dr. J, undated - 2 pages
- Fax cover sheet (undated) with copy of Rx (dated 8/3/04) - 1 page
- Fax cover sheet to Northeast Orthopaedics & Sport, undated - 1 page
- Office note by Dr. G, MD, dated 11/27/01 - 1 page
- Texas Workers' Compensation Work Status Report, dated 11/27/01, 1/13/03 - 2 pages
- Fax cover sheet to Medical Records, undated - 1 page
- Initial office visit by Dr. E, MD, postmarked 9/13/02 - 2 pages
- Office visit by Dr. E, dated 10/14/02 - 1 page
- Report of Electromyographic Findings, dated 10/14/02 - 2 pages
- Fax cover sheet to Medical Records, undated - 2 pages
- Exam by Dr. F, MD, dated 2/27/04 - 9 pages
- Fax cover sheet to Scott & White, undated - 1 page
- Texas Workers' Compensation Work Status Report, dated 11/19/03 - 1 page
- Letter to TWCC from Dr. M, MD (Scott & White), dated 8/18/04 - 2 pages
- Fax cover sheet to Dr. O, MD, undated - 1 page
- Letter To Whom It May Concern from Dr. O, dated 7/26/04 - 1 page
- Fax cover sheet to Occupation Medicine, undated - 1 page
- Memorandum to \_\_\_ from \_\_\_ (Scott & White), dated 8/23/04 - 1 page
- Fax cover sheet to Medical Records, undated - 1 page
- Letter to Dr. C, MD from \_\_\_ (TWCC), dated 9/29/04 - 1 page
- Letter to TWCC from Dr. C, dated 10/15/04 - 1 page
- TWCC-69 - Report of Medical Evaluation - 1 page

Records from Flahive, Ogden & Latson (FO&L) Attorneys at Law, P.C.:

- Cover letter to MRIOA from \_\_\_ (FO&L), dated 10/21/04 - 2 pages
- Letter to David Martinez (TWCC) from \_\_\_, dated 9/15/04 - 2 pages
- Medical Dispute Resolution Request/Response - 3 pages
- Exam by Dr. F, MD, dated 2/27/04 - 9 pages
- Fax cover sheet confirmation, dated 9/15/04 - 1 page

**Summary of Treatment/Case History:**

The claimant is a 47-year-old female who sustained a traction injury of the Right shoulder and cervical spine on \_\_\_\_\_. She underwent a course of conservative treatment, but eventually underwent a Right shoulder arthroscopic acromioplasty, bursectomy, and decompression on 12/28/00. On 3/7/02 she underwent a C5-6, C6-7 ACDF with a plate. She suffers symptoms in the cervical and Right shoulder regions with activity. An EMG/NCS of 10/14/02 did not demonstrate a cervical radiculopathy, but Dr. E

stated the study showed evidence of a Right cubital tunnel syndrome. The evaluation by Dr. F on 2/27/04 noted decreased sensation to light touch in the Right ring and little fingers, but an essentially normal cervical and Right shoulder range of motion, motor strength, and neurologic examination. His impression was that the claimant did not require any treatment for the compensable injury of \_\_\_\_\_. On 6/21/04 Dr. O performed a physical exam, which revealed "good strength of her rotator cuff, no instability in her joint, an intact rotator cuff, and a full range of motion". The 6/21/04 X-rays of the Right shoulder were read as "moderate curvature of the acromion". On 9/29/04 Dr. M noted a relatively good range of motion of the cervical spine and "brisk" deep tendon reflexes of the upper extremities.

**Questions for Review:**

1) Please review repeat MRI of Right arm and shoulder for medical necessity.

**Explanation of Findings:**

The findings of normal range of motion, normal strength, an intact rotator cuff, and no instability of the Right shoulder implies that the Right shoulder has no significant pathology to support the need for further treatment or diagnostic evaluation.

**Conclusion/Decision to Not Certify:**

Question 1: Please review repeat MRI of Right arm and shoulder for medical necessity.

The requested MRI of the Right shoulder and arm is not medically necessary or appropriate for this claimant. The physical examination of the Right shoulder on 2/27/04 by Dr. F and the 6/21/04 examination by Dr. O found no abnormalities. Specifically, there was good strength, full range of motion, no instability, and an intact rotator cuff. There is no objective basis to support the need for these studies.

**References Used in Support of Decision:**

The AMA Guides to the Evaluation of Permanent Impairment,  
www.acr.org,  
Campbell's Operative Orthopedics

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The physician providing this review is board certified in Orthopedic Surgery. The reviewer also holds additional certifications from the National Board of Medical Examiners, the American Board of Orthopedic Surgery and their state Workers Compensation Commission. Professional Society memberships include the American Society for Laser Medicine and Surgery and the American College of Sports Medicine. The reviewer currently serves as an instructor in the department of surgery, division of orthopedics at a major medical teaching institution as well as participating in private practice. The reviewer has been in active practice since 1975.

MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

## YOUR RIGHT TO REQUEST A HEARING

Either party to the 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 as per 28 Texas 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 as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
POB 40669  
Austin, TX 78704-0012

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

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: \_\_\_; TPCIGA for Reliance National Indemnity Company