

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 July 11, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/th

**REVIEWER'S REPORT
M2-05-1044-01**

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

From Respondent:

Correspondence

From Treating Doctor:

Office notes 11/10/03 – 12/03/04

Physical therapy notes 06/21/04 – 10/25/04

Operative report 06/01/04

Radiology reports 09/29/04

Clinical History:

The patient suffered a work-related injury to his right shoulder. He was treated by the orthopedist (treating doctor). He previously underwent a shoulder arthroscopic acromioplasty and labral repair. However, he continued to have persistent symptoms. These were localized to the acromioclavicular joint where he continued to have some impingement. He failed conservative measures, and his treating doctor recommended arthroscopic acromioplasty, distal clavicle

Disputed Services:

Right shoulder arthroscopic SAD & CAL release, right shoulder distal clavicle excision, right shoulder pain pump insertion and right shoulder brachial plexus cont. block.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedures in dispute as stated above are medically necessary in this case.

Rationale:

After reviewing the medical records, some of the denials were based on an orthopedic surgeon mentioning that a distal clavicle excision alone would be adequate. He also recommended that there was no documentation of impingement signs on the physical examination. Some of the treating doctor's notes demonstrate pain with adduction and internal rotation, confirming clinical impingement. In addition, he has had previous arthroscopic debridement, and it would be prudent to attempt arthroscopic distal clavicle excision and assess the acromion at the time of surgery and perform a more aggressive acromioplasty arthroscopically, if indicated. The pain pump and axillary block anesthesia is indicated for analgesia preoperatively and postoperatively. All of the proposed procedures are medically reasonable and necessary for this patient.