

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Road, Irving, TX 75038

972.906.0603 972.255.9712 (fax)

Certificate # 5301

May 17, 2005

ATTN: Program Administrator
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744
Delivered by fax: 512.804.4868

Notice of Determination

MDR TRACKING NUMBER: M2-05-1456-01
RE: Independent review for ____

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 4.20.05.
- Fax request for provider records made on 4.20.05.
- The case was assigned to a reviewer on 5.2.05.
- The reviewer rendered a determination on 5.16.05.
- The Notice of Determination was sent on 5.17.05.

The findings of the independent review are as follows:

Questions for Review

Prospective medical necessity of the proposed C4-5 and C5-6 ACDF and cardiac evaluation

Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **uphold the denial**.

Summary of Clinical History

Ms. ____ is a 42 year old female, who sustained an on the job injury _____. She was injured while moving boxes and complained of neck, right arm and shoulder pain.

Clinical Rationale

Ms. ____ has had two Cervical Spine MRIs on 7.29.03 and 2.2.05, which showed a left sided disc-osteophyte abnormality that protruded 2-3mm at the C4-5 and C5-6 levels. There was no reported central stenosis or neuroforamen stenosis. The EMG/NCV of the right upper extremity on 2.3.03 showed CTS but no radiculopathy. She has no objective neurological deficits of the upper extremities as related to her cervical spine, as the reported right biceps mild weakness, does not correlate with a left sided disc-

osteophyte at C4-5. The Cervical spine MRIs performed were primarily positive toward the left side, yet her symptoms are more to the right upper extremity than to the left. The medical necessity for spine decompression and fusion at C4-5 and C5-6 for her neck and right upper extremity is not established in the medical records submitted for review. Due to this finding, the cardiac evaluation would not be medical necessary as related to the proposed C4-5 and C5-6 ACDF.

Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 10 years of patient care and orthopedic surgery.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomate of the American Board of Orthopedic Surgery, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

In accordance with TWCC Rule 102.4 (h), a copy of this decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 17th day of May 2005.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator

CC: John Sazy, MD [Claimant]
Attn: Kristi S.
Fax: 817.468.7676

Cumis Insurance c/o FOL
Attn: Katie Foster
Fax: 512.867.1733