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NOTICE OF INDEPENDENT REVIEW DECISION

Date: May 18, 2005

Requester/ Respondent Address: TWCC
Attention:
7551 Metro Center Drive, Suite 100, MS-48
Austin, TX 78744-1609

Anand Murthi, MD
Fax: 410-448-6296
Phone: 410-448-6416

Liberty Mutual Ins Co
Attn: Toni Evans, RN
Fax: 864-595-7304
Phone: 864-574-8010 x 226

RE: Injured Worker:
MDR Tracking #: M2-05-1540-01
IRO Certificate #: 5242

Forté 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 Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté 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.

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Submitted by Requester:

- Clinic notes by Dr. Murthi from 8/3/04 and 3/1/05
- MRI arthrography report from 2/3/05
- Notes from Dr. Zuckerman for Center of Pain Management on 3/23/05 and 4/27/05

Submitted by Respondent:

- Non-authorization for request of repeat right shoulder surgery
- Clinic notes by Dr. Murthi on 8/3/04 and 3/1/05
- MRI arthrography report from 2/3/05

Clinical History

On 8/3/04, Dr. Murthi noted the claimant is status post multiple shoulder operations. She has had previous right shoulder arthroscopic distal clavicle resection with decompression, open distal clavicle resection and open stabilization. The claimant has chronic pain management for brachial plexopathy and is on Oxycodone and Celebrex. The claimant has symptoms of complete dislocation 3-4 times per month. The claimant has had nonoperative treatments to include therapy. The claimant also has had previous surgeries on her knees and wrists for instability. Dr. Murthi noted the claimant has a Grade III anterior load and shift and a Grade II posterior load and shift. Dr. Murthi felt the claimant to have a failed right shoulder instability surgery with generalized ligamentous laxity and multidirectional instability. Dr. Murthi recommended right shoulder open revision stabilization with allograft tendon and revision subscapularis tendon repair. On 2/3/05 MR arthrography of the right shoulder showed possible small superior labrum anterior/posterior tear with prominent sulcus and non-visualization of the long head of the biceps tendon. There was evidence of supraspinatus and infraspinatus tendinosis. On 3/1/05 Dr. Murthi recommended right shoulder revision with open capsular shift and biceps tenodesis.

Requested Service(s)

Repeat right shoulder surgery for capsulorrhaphy for a diagnosis of multidirectional instability

Decision

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

Rationale/Basis for Decision

In review of the documentation, the claimant is status multiple right shoulder surgeries. The claimant has generalized multidirectional ligamentous laxity. The claimant has failed multiple shoulder surgeries. The claimant has chronic pain from brachial plexopathy. Given the clinical history, the claimant is not a candidate for surgery as proposed by Dr. Murthi. The failure rate is high in patients with multidirectional instability. The best course of treatment for such a patient is continued nonoperative therapy for the right shoulder with therabands for rotator cuff strengthening. Additionally, if the claimant needs a definitive procedure for stability, a definitive procedure would be right shoulder fusion. As a result, the claimant is not a candidate for surgery as proposed by Dr. Murthi for right shoulder revision open capsular shift and biceps tenodesis as the failure from surgery will be certain.

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.

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In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 18th day of May 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder