

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 (28 Tex. 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 (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:

Texas Workers' Compensation Commission
Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744

FAX (512) 804-4011

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 September 27, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT M2-05-2282-01

Information Provided for Review:

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

From Respondent:

Correspondence

Treating MD:

Office Notes 04/08/05 – 08/04/05

Radiology 03/24/05 – 04/14/05

Orthopedics:

Office Notes 05/23/05 – 06/23/05

PT Notes 05/26/05 – 06/17/05

Clinical History:

The claimant allegedly sustained a work-related injury on or about _____. During the normal course of her work-related duties at Wal-Mart, she reportedly lifted a case of oil overhead and felt something pop in her left shoulder. She initially sought treatment from Dr. Singh on 04/08/05. She was initially treated with muscle relaxers, limited duty and anti-inflammatory medications. She complained of persistent discomfort and was subsequently referred for an MRI scan of the left shoulder, which was performed at Parker County Urgent Care and Imaging Center on 04/14/05. This was interpreted as being consistent with "mild to moderate degenerative changes of the distal supraspinatus tendon with a tiny partial thickness tear as described above." In addition, "There are only very mild degenerative hypertrophic changes seen to the acromioclavicular joint." Given the MRI scan findings, the claimant was subsequently referred to Dr. William Coleman for orthopedic evaluation. Dr. Coleman initially saw the claimant on 05/23/05 and at that point attempted a corticosteroid injection and recommended a trial of physical therapy. Minimal to no benefit was noted following the injection, and the therapy appeared to be exacerbating rather than improving her symptomatology. In view of this, Dr. Coleman has recommended a left shoulder arthroscopy and distal clavicle resection.

Disputed Services:

Left shoulder acromioplasty, distal clavicle resection.

Decision:

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

Rationale:

As stated above, the claimant has undergone a trial of conservative management including a corticosteroid injection and physical therapy with no significant improvement and, in fact, apparent exacerbation of her symptoms. She is now nearly 6 months post injury with no improvement. In view of this as well as the documented MRI scan findings, she would be indicated for diagnostic arthroscopy, subacromial decompression with an anterior acromioplasty and distal clavicle excision.