

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 August 31, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT
M2-05-1847-01

Information Provided for Review:

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

From Respondent:

Correspondence

Orthopedist:

Office Visit 04/08/05

Radiology 02/14/05 – 04/08/05

Treating MD:

Office Notes 03/10/05 – 06/30/05

Family Practice:

Office Notes 02/02/05 – 02/16/05

PT Notes 02/07/05 – 02/09/05

Clinical History:

Records regarding patient indicate that while employed in his usual position as a auto mechanic for [redacted] on or about ____, he was reportedly changing a starter on a motor vehicle. He reportedly twisted to place the starter on the ground and felt a pop and developed a sharp pain in his right shoulder. He was initially seen at a Concentra facility and underwent a trial of physical therapy. He subsequently received both subacromial and acromioclavicular corticosteroid injections with limited benefit. He underwent an MRI scan on 02/14/05 that showed supraspinatus tendinopathy and partial possible thickness rotator cuff tear as well as acromioclavicular joint spurring and lateral downsloping of the acromion. As best as can be

determined from the most recent records available, he continues to complain of discomfort in the right shoulder.

Disputed Services:

Right shoulder arthroscopy.

Decision:

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

Rationale:

According to the records submitted, the claimant has undergone a trial of conservative management including 2 separate corticosteroid injections, one into the acromioclavicular joint and one into the subacromial space, but still has persistent symptoms now 7 months post injury. He has additionally undergone a trial of physical therapy again with limited benefit. In view of the failure of conservative management and persistent symptoms as well as radiographic findings on the MRI scan, a diagnostic therapeutic arthroscopy would be indicated, specifically, probably a subacromial decompression and potential distal clavicle excision.