

March 29, 2006

TX DEPT OF INS DIV OF WC  
AUSTIN, TX 78744-1609

CLAIMANT: \_\_\_

EMPLOYEE: \_\_\_

POLICY: M2-06-0968-01

CLIENT TRACKING NUMBER: M2-06-0968-01

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Department of Insurance Division of Workers Compensation has assigned the above mentioned case to MRIOA for independent review in accordance with DWC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the DWC approved doctor list (ADL). The reviewing provider has no known conflicts of interest existing between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

**Records Received:**

Records from the State:

Notification of IRO Assignment, 3/15/06  
Medical Dispute Resolution Request/Response form  
Table of Disputed Services

Records from Respondent:

Letter of denial, SRS, 1/24/06  
Letter of denial, SRS, 1/31/06  
Preauthorization request, 1/20/06

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Records from Dr. Ples Kuhawa:

Letter of appeal, 1/25/06

Clinic notes, 2/8/06, 1/17/06, 12/20/05, 12/6/05

MRI of the left shoulder, 11/23/05

**Summary of Treatment/Case History:**

The patient is a 52 year-old flight attendant with a left shoulder injury on the job (\_\_\_\_). Treatment included rest, off the job, NSAIDs, therapy and injection (times one). MRI was negative for any rotator cuff pathology and showed a type-2 acromion. In an office note dated 2/8/06, Dr Kujawa states "On exam, he appears to be developing a moderate adhesive capsulitis pattern....".

**Questions for Review:**

1. Please address the medical necessity of left shoulder arthroscopy with subacromial decompression, 29826.

**Explanation of Findings:**

Findings on exam show impingement symptoms and early adhesive capsulitis. MRI is described above.

This case involves a 52 year-old male with a 4-month history of shoulder pain after an on the job injury. Conservative treatment has been appropriate to this date for the diagnosis of impingement. The treating physicians decision for operative treatment at 2 months is not in treatment standards, as the majority of patients with impingement have improvement of symptoms with non-operative measures. Only after 5-6 months of continued pain is operative treatment considered. Studies have shown arthroscopic decompression over 88% effective with little risk and less post-operative recovery time than open techniques and should be considered at the appropriate time. Clouding this patient's history is the mention of adhesive capsulitis on 2/8/06. This is not an unusual finding, as early adhesive capsulitis can mimic impingement, and only until the loss of motion occurs, can the diagnosis be made. If this patient is developing adhesive capsulitis, surgical intervention is not indicated as it is a self-limited disease taking 1 to 1 1/2 year to resolve.

**Conclusion/Decision to Not Certify:**

1. Please address the medical necessity of left shoulder arthroscopy with subacromial decompression, 29826.

Arthroscopy with subacromial decompression is not medically necessary in this case.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Review of the clinic notes

**References Used in Support of Decision:**

The shoulder 2nd edition, Rockwood and Matsen, pages 295-6, 1054-55, 1075-82, JBJS AM 2003 85:682-89, Arthroscopic acromioplasty: A comparison between workers comp and non workers comp populations.

This review is provided by a physician who is certified by the American Board of Orthopaedics and has been in practice since 1988. This physician specializes in upper extremity injuries including hand, elbow and shoulder. This physician is a Fellow of the American Board of Orthopaedic Surgery, a Fellow of the American Academy of Orthopaedic Surgeons, and a member of the Arthroscopy Association of North America.

#### Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings / Appeals Clerk  
P. O. Box 17787  
Austin, TX 78744

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. MRIOA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the DWC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and

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professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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Case Analyst: Valerie O ext 554

cc: Requestor  
Respondent