

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(q)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The diagnostic studies (including: NCV / Consultation / sensory nerve testing, H&F reflex studies) were found to be medically necessary. The respondent raised no other reasons for denying reimbursement diagnostic studies (including: NCV / Consultation / sensory nerve testing, H&F reflex studies) charges.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 6/11/02 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 13<sup>th</sup> day of, December 2002.

Carol R. Lawrence  
Medical Dispute Resolution Officer  
Medical Review Division

CRL/crl

## NOTICE OF INDEPENDENT REVIEW DECISION

December 5, 2002

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0316-01  
IRO Certificate #: 4326

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

\_\_\_ has performed an independent review of the rendered 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 a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care.

\_\_\_ health care professional 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.

### Clinical History

This 32 year old male sustained a work related injury on \_\_\_ when he slipped on stairs and landed on his shoulder. He was seen in an emergency facility on that day. The next day he sought care in the treating doctor's office where he was evaluated and a treatment program begun. The initial consultation revealed subjective symptoms of right shoulder pain, which radiated down the right arm along with numbness, tingling and a burning sensation. An MRI of the right shoulder performed on 05/13/02 revealed a small obliquely oriented intrasubstance tear through the supraspinatus contribution of the distal rotator cuff tendon. Due to the clinical findings, the treating doctor ordered electro-diagnostic testing which were performed on 06/11/02.

Requested Service(s)

Nerve conduction velocity studies (NCV), consultation, sensory nerve testing, and H & F reflex studies.

Decision

It is determined the nerve conduction velocity studies (NCV), consultation, sensory nerve testing, and H & F reflex studies were medically necessary to treat this patient's condition.

Rationale/Basis for Decision

Based on the medical record documentation including the subjective symptoms and objective findings, it was necessary to perform nerve conduction velocity studies (NCV), consultation, sensory nerve testing, and H & F reflex studies in order to rule out radiculopathy and/or peripheral nerve injury. In addition, it was necessary to perform these tests in order to assist in determining the nature and extent of the patient's injury and to treat this patient's condition. Therefore, the nerve conduction velocity studies (NCV), consultation, sensory nerve testing, and H & F reflex studies were medically necessary.

Sincerely,