

MDR Tracking Number: M5-03-0863-01

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 disputed prescription medications and ambulatory surgery were found to be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Finding and Decision is hereby issued this 6th day of March 2003.

Noel L. Beavers
Medical Dispute Resolution Officer
Medical Review Division

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 12/4/01.

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 6th day of March 2003.

David R. Martinez, Manager
Medical Dispute Resolution
Medical Review Division
DRM/nlb

March 4, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

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IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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 care rendered 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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Orthopedic Surgery. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ is a 45-year-old nursing assistant who injured several body parts while she was helping to lift and transfer a patient from a chair to his bed on ___. She slipped and fell down with the patient and began to have pain in her lower back, the back of her right hip, right shoulder and left wrist. The record indicates that the right shoulder became asymptomatic after a period of time and she had no shoulder pain on April 12, 2001 when she saw ___ for a required medical examination. Likewise, she did not complain of shoulder pain when she saw a designated doctor, ___, on June 12, 2001. After that, she began to complain again to her treating doctor, ___, of her right shoulder. ___ referred her to an orthopedic surgeon, ___, who felt that she had a right subacromial impingement syndrome. He also felt that she might have a possible partial thickness tear of the supraspinatus tendon. An MRI was done on October 23, 2001 and this demonstrated evidence of a supraspinatus tendinosis without specific evidence of a full thickness tear. The subacromial space was narrowed because of degenerative changes in the acromioclavicular joint, which was compatible with subacromial impingement syndrome. ___ also felt that she might still have a partial thickness rotator cuff tear on the basis of these films. He therefore suggested shoulder arthroscopic repair which was approved by ___. This surgery was performed on December 4, 2001.

DISPUTED SERVICES

Under dispute are ___ ambulatory surgery and prescription medication rendered on 12/4/01.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The indication for this surgery has been disputed. The medical records presented to the ___ reviewer reveal that there were definite medical indications for doing this surgery on ___ shoulder. She had clinical symptoms in the subacromial area, which had been intermittently severe since the injury occurred. She had MRI evidence of acromioclavicular joint hypertrophy with subacromial impingement. ___ felt that the MRI was consistent with a partial tear of the supraspinatus tendon. The shoulder decompression surgery was indeed indicated on this patient. Also found medically necessary were drugs prescribed for pain and discomfort on the date of the surgery.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,