

MDR Tracking Number: M5-03-1423-01

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, the total amount recommended for reimbursement does not represent a majority of the medical fees of the disputed healthcare and therefore, the **requestor did not prevail** in the IRO decision. Consequently, the requestor is not owed a refund of the paid IRO fee.

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 treatment/services including office visit and therapies from 4/11/02 to 6/1/02 were found to be medically necessary. The treatment/services rendered from 2/27/02 through 4/4/02 and 6/2/02 through 7/31/02 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these treatment/services including office visit and therapies from 4/11/02 to 6/1/0 charges.

This Finding and Decision is hereby issued this 19th day of May 2003.

Carol R. Lawrence
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 dates of service 2/27/02 through 7/31/02 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 19th day of May 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
RL/cl

May 16, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1423-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the ___ external review panel. This physician is board certified in orthopedic surgery. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 42 year-old male who sustained a work-related injury on ___. The patient reported that while at work he was pulling a large heavy pallet with a pallet jack with his left hand when his shoulder made a popping noise and caused him to have excruciating pain with numbness/parasthesia in the left lower arm and fingers. The patient underwent X-Rays upon initial evaluation, and was prescribed oral pain medications, home exercises and a TENS unit. The patient underwent an MRI 12/12/01 that showed left supraspinatus tendinosis/partial tear without full thickness rotator cuff tear. The patient was also treated with subacromial injections pect injections, left shoulder arthroscopy with arthroscopic subacromial decompression as well as debridement or partial thickness rotator cuff tear. The patient has also undergone X-Rays of the cervical spine and chest.

Requested Services

Medical services from 2/27/02 through 7/31/02

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 42 year-old male who sustained a work related injury to his shoulder on ___. The ___ physician reviewer also noted that the initial diagnosis for this patient included rule out rotator cuff syndrome. The ___ physician reviewer noted the patient underwent an MRI that did not reveal a rotator cuff tear. The ___ physician reviewer also noted that the patient was treated with analgesics, muscle relaxants and anti-inflammatory medications.

The ___ physician reviewer explained that the patient did not improve with the treatment and was referred for an orthopedic evaluation. The ___ physician reviewer indicated that the patient was then treated with multiple injections and an examination under anesthesia that included left shoulder arthroscopy, SAD with debridement or partial rotator cuff tear. The ___ physician reviewer explained medical therapies are indicated for a 6-week period of time after shoulder arthroscopic subacromial decompression. Therefore, the ___ physician consultant concluded that the medical services from 2/27/02 through 4/4/02 and 6/2/02 through 7/31/02 were not medically necessary to treat this patient's condition. The ___ physician consultant also concluded that the medical services from 4/11/02 through 6/1/02 were medically necessary to treat this patient's condition.

Sincerely,