MDR Tracking Number: M5-03-1535-01

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 **or January 1, 2003** and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the MRI was not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that MRI fees were the only fees involved in the medical dispute to be resolved. As the treatment was not found to be medically necessary, reimbursement for date of service 4-29-02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 10th day of June 2003.

Medical Dispute Resolution Officer
Medical Review Division
DZT/dzt

June 6, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-03-1535-01

___ 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 sports medicine and emergency medicine. 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 38 year-old female who sustained a work related injury on ___. The patient reported that while at work she tripped and fell landing on her right knee and injuring her right shoulder. The patient underwent a MRI 04/29/02 that showed hypertrophic degenerative joint changes of the AC joint with mild mass effect on the supraspinatus myotendinous junction and an X-Ray of the right shoulder 04/29/02 showed normal right shoulder. The diagnoses for this patient included right shoulder strain/sprain and AC joint degeneration.

Requested Services
MRI upper extremity on 04/29/02

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

Rationale/Basis for Decision
The ___ physician reviewer noted that this case concerns a 38 year-old female who sustained a work related injury to her right shoulder and right knee on ___. The ___ physician reviewer also noted that the diagnoses for this patient included right shoulder sprain/strain and AC joint degeneration of the right knee. The ___ physician reviewer indicated that the orthopedic surgery evaluation on 04/16/02 documented excellent range of motion and "very satisfactory" strength particularly with active abduction and external rotation. The ___ physician reviewer also indicated that the patient had a painful arc, positive impingement findings and a tender AC joint. The ___ physician reviewer explained that these findings are consistent with underlying rotator cuff impingement that was aggravated by the fall at work on ___. The ___ physician reviewer noted that the plain films excluded fracture of the proximal humerous or AC joint/distal clavical. However, the ___ physician reviewer explained that the documentation showed no clinically perceived rotator cuff weakness on examination. The ___ physician reviewer also explained that an MRI was not required at the time of the evaluation on 04/16/02. Therefore, the ___ physician consultant concluded that the MRI of the upper extremity on 04/29/02 was not medically necessary to treat this patient's condition.

Sincerely,