

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 MRI's, right shoulder and cervical spine, were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for these MRI charges.

This Finding and Decision is hereby issued this 30th day of July 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 date of service 4/11/02 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 30th day of July 2003.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/crl

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

July 27, 2003

Re: IRO Case # M5-03-1881-01

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 61-year-old female who on ___ slipped and fell on a wet floor and landed on her hands and wrists, and her head hit the floor. She soon developed neck and right shoulder pain. Examinations revealed a limited range of motion of the head and neck and right shoulder. The pain persisted and MRIs of the right shoulder were obtained on 4/11/02, which showed a rotator cuff tear. The patient underwent rotator cuff repair on 8/28/02.

Requested Service(s)

MRIs 4/11/02

Decision

I disagree with the carrier's decision to deny the requested treatment.

Rationale

The patient had significant pain in her neck after a fall that could have caused difficulties in her neck. The shoulder pain that was present was eventually diagnosed as secondary to primary shoulder pathology. But when one has shoulder pain in association with neck pain, one can never say that there is not a radiculopathy causing the discomfort. Therefore, MRI of the cervical spine is frequently necessary to rule out radiculopathy as another contributing factor for shoulder pain. The timing of the MRI was appropriate because the patient was four weeks following injury and had persistent discomfort.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,