

MDR Tracking Number: M5-03-1955-01

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 (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 5/3/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 30th day of June 2003.

Carol R. Lawrence
Medical Dispute Resolution Officer
Medical Review Division

CRL/crl

NOTICE OF INDEPENDENT REVIEW DECISION

June 24, 2003

MDR Tracking #:	M5-03-1955-01
IRO Certificate #:	IRO 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 patient slipped and fell down approximately four stairs on ____. She reportedly struck her extended right arm on the concrete and has complained of pain in her right shoulder and thumb and low back. The radiological studies have been negative.

Requested Service(s)

MRI done on 05/03/02

Decision

It is determined that the MRI done on 05/03/02 was not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has a long history of chiropractic care, a thoracic compression fracture at age 18, and a previous work-related injury in ___ involving injury to her right shoulder and lower back. The patient was certified at maximum medical improvement (MMI) as of 06/25/01. The MMI report noted that the right shoulder had full range of motion and no sensory or motor loss.

The patient changed treating doctors and began a course of active rehabilitation even though there was no documentation supporting the continued use of active rehabilitation as related to the ___ injury. The patient was referred to an orthopedist for evaluation without mention of her pre-existing shoulder problem. A right shoulder MRI was performed on 05/03/02 that revealed mild tendonopathy in the supraspinatus tendon without evidence of a tear. The MRI was not medically necessary since the patient's rotator cuff disorder pre-dated the work-related injury. Therefore, it is determined that the MRI done on 05/03/02 was not medically necessary.

Sincerely,