

MDR Tracking Number: M5-03-3184-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General 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 dispute was received on August 5, 2003.

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 medical report 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 fees were the only fees involved in the medical dispute to be resolved. As the service listed above was not found to be medically necessary, reimbursement for date of service 12/18/02 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 12<sup>th</sup> day of January 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

January 8, 2004

**NOTICE OF INDEPENDENT REVIEW DECISION  
Corrected Letter**

**RE: MDR Tracking #: M5-03-3184-01**

\_\_\_ 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. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. 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 female who sustained a work related injury on \_\_\_\_. The patient reported that while at work she injured her shoulder and neck when she attempted to lift a twenty-five pound box that was on the floor. The patient underwent a MRI of the shoulder and neck. Diagnoses for this patient's condition has included cervical strain, thoracic outlet syndrome and rotator cuff tear. The patient was treated with oral medications, injections and physical therapy. On 10/19/99 the patient underwent left shoulder surgery to repair a torn rotator cuff. Postoperatively the patient was treated with therapy.

#### Requested Services

Medical report from 12/18/02.

#### 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 female who sustained a work related injury to her shoulder and neck on \_\_\_\_. The \_\_\_ physician explained that the medical report in question, dated 12/16/02 was likely solicited to clarify causation and allow payment of subsequent surgery. Therefore, the \_\_\_physician consultant concluded that the medical report from 12/18/02 was not medically necessary to treat this patient's condition.

Sincerely,