

May 18, 2004

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-04-2073-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.:

Dear Ms. Lopez:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am [redacted] and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in the area of Occupational Therapy and is currently on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's
Letter of medical necessity; orthopedic evaluation 10/07/02 & therapy notes 03/04/03 thru 11/05/03.
Therapy notes 01/22/03 thru 04/11/03.

Clinical History:

The claimant injured her hand while at work on 03/19/02. On 10/07/02 she was examined by an orthopedist and was released to her normal duty work. There is a PT evaluation in the chart dated 01/22/03. It is unclear from the records provided for review whether the compensable diagnosis is ganglion cyst of the wrist or carpal tunnel syndrome. There are references to both of these injuries in the documentation.

Disputed Services:

Therapeutic exercises, neuromuscular re-education, myofascial release and joint mobilization during the period of 04/07/03 through 04/11/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the therapy in dispute as stated above was not medically necessary in this case.

Rationale:

1. This injury is a chronic phase and daily therapy is not indicated.
2. These exercises can be performed as part of a home program.
3. Some of the exercises indicated on the treatment log are contraindicated for a ganglion cyst.
4. There are no functional or work deficits objectively identified. The goals included for this treatment are not specific, not objective, and do not address any work tasks that the claimant made to be deficient in.
5. The evaluation performed on 10/07/02 by the orthopedist indicated that the claimant had sufficient grip strength including grip strength on the right equal to 50 pounds and on the left equal to 47 pounds. The physician states at the end of his report, " At the present time, she is released to continue doing her regular work".

These opinions are based on literature from Rehab of the Hand and also from Brotzman.

Sincerely,