

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-02-3487.M2

NOTICE OF INDEPENDENT REVIEW DECISION

May 22, 2002

Requestor

Respondent

RE: Injured Worker:

MDR Tracking #: M2-02-0490-01

IRO Certificate #: 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 proposed 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 _____ physician reviewer who is board certified in general surgery which is the same specialty as the treating physician. The _____ physician reviewer 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 46 year old female sustained a work-related injury on _____, which resulted in an umbilical hernia. The documentation indicates that the patient has undergone three separate surgeries in order to repair her incarcerated, recurrent umbilical hernia. The patient complains of peri-umbilical pain and the treating physician has recommended that the patient undergo an exploration of the abdominal wall with mesh placement.

Requested Service(s)

Exploration of the abdominal wall with mesh placement.

Decision

The exploration of the abdominal wall with mesh placement is not medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient complains of peri-umbilical pain. According to the documentation provided, there is no palpable hernia on examination and the CT scan of the abdomen is normal. Although the recurrence rate is high for this procedure, the absence of physical examination or CT scan evidence of recurrence indicates that re-exploration of the wound is unlikely to be productive. The medical necessity of the re-exploration is not established.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing. A request for hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code '148.3). This Decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code '102.4(h) or 102.5(d)). A request for hearing, along with a copy of this decision notice, should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, Texas 78704-0012.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

Sincerely,