

## NOTICE OF INDEPENDENT REVIEW DECISION

August 9, 2002

RE: MDR Tracking #: M2-02-0719-01  
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 hand 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 40 year old female sustained a work related injury on \_\_\_ when she was moving boxes and experienced pain in her right hand. The initial EMG and nerve conduction studies performed on 09/18/01 were negative for carpal tunnel. An EMG performed on 01/02/02 was interpreted as showing evidence of right carpal tunnel syndrome with positive grind test for the right thumb and paresthesia in the right hand. The treating hand surgeon is recommending that the patient undergo a right carpal tunnel release.

### Requested Service(s)

Right carpal tunnel release

### Decision

It is determined that the right carpal tunnel release is not medically necessary to treat this patient's condition.

## Rationale/Basis for Decision

The medical record presented for review contains only one note from a surgeon recommending surgery based on one clinical visit. There is no documentation of motor or sensory examination with negative provocative tests for carpal tunnel syndrome. Therefore, there is no indication for the carpal tunnel release even if an EMG nerve conduction study is positive, which in this case, it is negative initially and only slightly abnormal on repeat study by another physician. Moreover, initial patient complaints did not include paresthesia and were more consistent with musculo-skeletal complaints. In addition, her mechanism of injury is more consistent with musculo-skeletal and inconsistent with symptoms of carpal tunnel syndrome complaints. \_\_\_ states that the patient has “negative physical findings” and it would be inappropriate to advocate carpal tunnel release solely on the basis of an EMG and nerve conduction study. This patient requires follow-up examination, radiological studies and a trial of conservative treatment.

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.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (20 Tex. Admin. Code 142.5(c)).

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a 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 should be sent to: Chief Clerk of Proceedings, Texas Workers' Compensation Commission, P.O. Box 40669, Austin, Texas, 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308 (t)(2)).

Sincerely,