

July 26, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0814-01
IRO Certificate No.: 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician reviewer who is Board Certified in Physical Medicine and Rehabilitation.

THE PHYSICIAN REVIEWER OF YOUR CASE AGREES WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. The reviewer has determined that a series of three intra-articular steroid injections is not medically necessary.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician 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.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

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

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 26, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for _____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0814-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Documentation from the Texas Worker's Compensation Commission to include Medical Dispute Resolution Request/Response, the Table of Disputed Services, and accompanying data.
2. Documentation from _____ noting a denial of the requested procedures (x3).
3. Designated doctor assessment of maximum medical improvement and impairment rating.
4. Commission-Selected RME evaluation noting maximum medical improvement and impairment rating.
5. Progress notes from _____.
6. Physical therapy notes.

7. Electrodiagnostic studies of the bilateral upper extremities, completed by ____.

8. Radiographic imaging studies of the wrist, reported by ____.

B. BRIEF CLINICAL HISTORY:

This is a lady who developed right wrist pain while at her place of employment. She evidently underwent an evaluation by a chiropractor and obtained no relief. She was seen by several different providers, but again the complaints of pain continued, extended up her right arm and into the right side of her neck and into her face. She was seen by ____ acting as the carrier-selected RME provider who determined that this lady had reached maximum medical improvement with a 0% impairment rating. This was contested, and she was evaluated by ___, acting in the role as a designated doctor. ____ found this lady was at maximum medical improvement, again with a 0% upper extremity impairment rating.

After the designated doctor evaluation, ____ felt that there was “bilateral carpal tunnel syndrome, bilateral wrist internal derangement syndrome, and cervical radiculopathy.” He had sought to have a series of three steroid injections into the right wrist for this lady.

C. DISPUTED SERVICES:

As noted on the Table of Disputed Services, the requested procedure was a series of three intra-articular steroid injections into the right wrist under fluoroscopy control.

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

There is no clear objective medical evidence of any intra-articular pathology in the right wrist. Moreover, the complaints and reported sensory changes fail to meet any anatomic distribution. As noted by the designated doctor, the sensory loss is in a circumferential, globe-like pattern from the tips of her fingers up to the entirety of the right upper extremity into her neck and into her face. Noting the mechanism of injury and the original complaints in this case, there is no clear clinical indication of why the cervical spine or right side of her face has been injured or compromised.

Furthermore, the standard medical texts clearly denote how to conduct a wrist steroid injection protocol. It does not require fluoroscopy control, as there are fairly straightforward common procedures used to complete wrist steroid injections.

Lastly, the standard of care is that while noting up to three steroid injections can be given on an annual basis, one gives a steroid injection and determines the efficacy of the procedure prior to even considering a second or third procedure. Therefore, a series of three is excessive, and is not reasonable or necessary to treat this compensable injury alone.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 23 July 2002