

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

SOAH DOCKET NO. 453-03-1710.M2

November 21, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-0336-01

___ 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 ___ external review panel. This physician is board certified in hand surgery. ___ 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, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 35 year-old female who sustained who sustained a work related injury to her right elbow on ___. She has been diagnosed with carpal tunnel syndrome of the right wrist and cubital tunnel syndrome at the right elbow. Treatment has included anti-inflammatory medications, a Medrol Dose Pack and physical therapy. Treatment has also included surgery at the right elbow for cubital tunnel syndrome. A repeat EMG and nerve conduction velocity study was consistent with ulnar entrapment at the elbow and also carpal tunnel syndrome.

Requested Services

Right Ulnar Nerve Transposition and Right Carpal Tunnel Release.

Decision

The Carrier's denial of authorization and coverage for the requested services is partially overturned.

Rationale/Basis for Decision

___ physician reviewer indicated that the patient suffered an injury to her right arm and elbow on ___ due to blunt trauma from a falling pallet of boxes. ___ physician reviewer noted that subsequent examinations and neurological studies demonstrated right cubital tunnel syndrome, for which the patient underwent surgery. ___ physician reviewer indicated that her right upper extremity symptoms have either persisted or recurred. ___ physician reviewer explained that ongoing treatment for persistent or recurrent right cubital tunnel syndrome is indicated for

treatment of this injury. However, ___ physician consultant also explained that there is no information in the provided records that would support a causal relationship between the patient's injury and her diagnosis of bilateral carpal tunnel syndrome. Therefore, ___ physician reviewer concluded that right ulnar nerve transposition is medically necessary for treatment of the patient's injury but that right carpal tunnel release is not medically necessary for treatment of this injury at this time.

This decision 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 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. (Commission Rule 133.308(t)(2)).

Sincerely,