

January 16, 2003

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-03-0530-01**

\_\_\_ 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 anesthesiology. \_\_\_ 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 46 year-old female who sustained a work related injury on \_\_\_. The patient reported pain in her left elbow after picking up some wet towels and tossing them into the dryer at work. The patient was diagnosed with left lateral epicondylitis, mild ulnar nerve entrapment at the elbow, cubital tunnel syndrome, and mild left carpal tunnel syndrome. The patient was treated with a volar splint, pain medications, and an NCS/EMG was performed. The patient also had injection therapy and Occupational Therapy. The patient underwent a left ulnar nerve transposition and left carpal tunnel release 6/12/02. She then had a functional capacity evaluation 9/12/02 and started work conditioning late 9/02 and continued through 10/11/02, followed by physical therapy 8/2/02 through 8/30/02.

### Requested Services

Work Conditioning, 10 additional sessions.

### Decision

The Carrier's denial of authorization for the requested services is upheld.

### Rationale/Basis for Decision

\_\_\_ physician reviewer noted that the patient failed an in home exercise program but received out patient occupational therapy. \_\_\_ physician reviewer also noted that the patient made progress with the outpatient occupational therapy. However, \_\_\_ physician reviewer further noted that at discharge from occupational therapy the patient reported no pain, had good basic strength, but not enough endurance for 8 hours of work. \_\_\_ physician reviewer indicated that

the patient participated in a work-conditioning program from 9/02 through 10/11/02. \_\_\_ physician reviewer explained that the patient had an examination on 9/4/02 that showed normal elbow range of motion and no sensory or motor deficits. \_\_\_ physician reviewer also explained that an evaluation on 10/3/02 showed full range of motion, no tenderness, and normal 2-point discrimination. \_\_\_ physician reviewer further explained that the evaluations on 9/4/02 and 10/3/02 both showed no significant deficits requiring intensive therapy. Therefore, \_\_\_ physician reviewer concluded that the 10 additional sessions of work-conditioning are not medically necessary to treat this patient's condition.

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,

—

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 this 16<sup>th</sup> day of January 2003.