

May 23, 2003

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2-03-0811-01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Orthopedic Surgery. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

___ suffered a work-related injury on ___ and presented to the ___ on that date. She was evaluated by ___ who stated that she was a line assembler for ___ for approximately sixteen months when she started developing pain in both arms with numbness in her hands. Her past medical history was negative. ___ physical examination was significant for tenderness over the flexor portion of the forearm, including the yolar aspect of the wrist. X-rays were negative. The diagnosis was flexor tendonitis bilaterally of the elbows.

The patient was seen by ___ on or about March 29, 2001. The record states that she had pain over the extensor portion of both elbows. There was negative Tinel's and negative Phalen's. There was mild tenderness over the right EPB and APL. The diagnosis given was right de Quervain's tenosynovitis and bilateral tennis elbow. The patient was recommended conservative treatment, to include splinting, Celebrex and physical therapy. She did undergo bilateral EMG/NCVs on June 14, 2001 that demonstrate electrophysiological evidence of bilateral carpal tunnel syndrome.

On June 16, 2001, ___ changed his diagnosis to right carpal tunnel syndrome and right de Quervain's tenosynovitis.

It is noted that on August 29, 2001 this patient underwent a right carpal tunnel release and de Quervain's release by ___. She underwent a left carpal tunnel release and left de Quervain's release on November 17, 2001.

On February 25, 2002, ___ was seen for a designated doctor evaluation, where it was opined that the patient had not reached MMI and that a repeat EMV/NCV was recommended. On March 18, 2002, ___ diagnosis was that of right elbow tendonitis.

On May 29, 2002, ___ stated that the patient had recurrent left carpal tunnel syndrome. He recommended a revision carpal tunnel release, a procedure that was performed on June 21, 2002 by ___. This was followed-up with a recommendation for physical therapy.

On December 16, 2002, ___ stated that she had persistent right elbow lateral epicondylitis that failed conservative treatment. He recommends a lateral epicondylar fasciotomy.

In a letter dated February 24, 2003, ___ wrote a letter of medical necessity documenting the medical necessity for the lateral fasciotomy with epicondylectomy for chronic epicondylitis of the right elbow.

REQUESTED SERVICE

A lateral fasciotomy with epicondylectomy is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

___ is a 45-year-old woman who had a repetitive motion injury to her bilateral upper extremities documented on or about ___. She has undergone bilateral carpal tunnel release, revision left carpal tunnel release, bilateral de Quervain's release, and has failed all conservative treatment for her chronic right lateral elbow epicondylitis.

Based on the information above, the reviewer finds that this patient has reached the medical necessity needed for a lateral elbow fasciotomy with epicondylectomy for her chronic epicondylitis of the elbow. Please note that this patient has failed all physical therapy and home exercise programs, as well as steroid injections and wrist splints. The next logical step would be the operative procedure documented by ___.

___ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. ___ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

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

In the case of other *prospective (preauthorization) medical necessity* disputes 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 Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

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

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 23rd day of May 2003.