

NOTICE OF INDEPENDENT REVIEW DECISION

May 23, 2003

RE: MDR Tracking #: M2-03-0988-01
IRO Certificate #: IRO4326

The ___ 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 matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ___ health care professional 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 patient was injured on ___ while working with a large electric ladder when he suffered a sharp pain and experienced numbness in his right hand. Electromyography (EMG) and nerve velocity conduction (NVC) studies on 11/03/01 revealed right carpal tunnel and right cubital tunnel syndromes. The patient had surgery on the carpal tunnel. He later still reported pain and numbness and was diagnosed with probable reflex sympathetic dystrophy along with untreated cubital tunnel syndrome.

Requested Service(s)

Individual counseling for ten sessions at 45-60 minutes each once a week

Decision

It is determined that Individual counseling for ten sessions at 45-60 minutes each once a week is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The medical record shows that this injury has failed prior courses of therapy that have included injections, medications, physical therapy, chiropractic care, and return-to-work applications like work hardening. Continuing to activate a multifocal treatment algorithm remains appropriate due to this patient's difficulty in gaining/retaining employment.

The medical record does not show the implementation of behavioral therapeutics but the patient's psychological evaluation performed on 01/21/03 continues to show a necessity. Psychological deficits were documented in a qualitative/quantitative fashion that provides a baseline of function that will justify the application. Therefore, individual counseling for ten sessions at 45-60 minutes each once a week is medically necessary.

The aforementioned has been taken from the following guidelines of clinical practice:

- Overview of implementation of outcome assessment case management in the clinical practice. Washington State Chiropractic Association; 2001. 54p
- Clinical practice guidelines for chronic, non-malignant pain syndrome patients II: an evidence-based approach. J Back Musculoskeletal Rehabil 1999 Jan 1;13;47-58.

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** (10) 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,

In accordance with Commission Rule 102.4 (h), 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 23 rd day of May 2003.
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