

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** July 1, 2003

**RE: MDR Tracking #:** M2-03-1117-01  
**IRO Certificate #:** 5242

\_\_\_ 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 Chiropractic physician reviewer. The Chiropractic physician reviewer 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**

According to the documentation supplied, it appears that the claimant injured her left upper extremity at work on \_\_\_. The claimant also reported injuries in other parts of her body, but for the sake of brevity I will not list them or the treatment associated with them because they are not in dispute. \_\_\_ originally treated the claimant. \_\_\_ performed a left carpal tunnel release. The claimant continued to be seen by her treating doctor who monitored her progress and continued giving prescriptions. The claimant also underwent a physical therapy program. Around 12/02 the claimant decided to change treating doctors to \_\_\_. \_\_\_ immediately referred the claimant to \_\_\_ for evaluation. All of her recent visits that date up to 05/02/2003 report that both doctors feel she needs a follow-up NCV/EMG before any future treatment can be rendered.

### **Requested Service(s)**

Please review and address the medical necessity of the outpatient services including an EMG/NCV of upper extremities.

### **Decision**

I disagree with the insurance company and agree with the treating physician that the EMG/NCV is medically necessary.

## **Rationale/Basis for Decision**

The documentation supplied reveals that the claimant is still reporting weakness and pain in her left thumb. There have not been any diagnostics test performed since the claimant underwent her carpal tunnel release and she has continued to report problems. Since her change of treating doctors, both her treating doctor and referral doctor concur that the claimant needs further diagnostic testing. An EMG/NCV test is the appropriate test to determine the integrity of the claimant's nerves in her left extremity.

## **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 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)).

This decision by the IRO is deemed to be a TWCC decision and order.