

MDR Tracking Number: M2-03-1217-01
IRO Certificate # 5259

July 9, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

The records indicate that ___ is a female who complains of left upper extremity pain and arm pain, and has been diagnosed with ulnar neuropathy and carpal tunnel syndrome. The patient is reporting evidence of numbness and tingling in the hands, pain in the forearm, and most recently records and progress notes indicate concern of progression of carpal tunnel syndrome.

REQUESTED SERVICE (S)

Electrodiagnostic studies of the left arm

DECISION

I recommend approval of the EMG of the upper extremity to determine present medical status and involvement of the median and ulnar nerve.

RATIONALE/BASIS FOR DECISION

The records reviewed indicate that since September 2002 the claimant has been having increased difficulty with elbow pain and numbness and tingling of the fingers. The appropriate diagnostic tests for paresthesias of the hands from repetitive trauma, as well as diagnosed symptoms of ulnar neuropathy would be electrodiagnostic studies.

Most recent records available by Board Certified Physical Medicine physician, ___ indicates that in March 2003 that this patient has completed extensive conservative management and her symptoms persist and have escalated. She wants to consider surgical procedure.

In particular, the possibility of carpal tunnel release. It is reasonable, medically appropriate, and the standard of care in evaluating progressive numbness and tingling and progressive nerve injuries in an extremity to perform electrodiagnostic studies. Since she is now willing to consider surgery, a more recent electrodiagnostic study is appropriate to determine whether the surgical procedure is medically needed at this time. Therefore, this is a typical case history that one would see that would need an electrodiagnostic study and this case is typical and meets the standard of care for the reasons stated above. I recommend its approval.

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) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

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) calendar 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 or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

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 11th day of July 2003.