

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

September 5, 2003

Re: IRO Case # M2-03-1539

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who had been admitted to the TWCC Approved Doctor List. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient presented with repetitive strain injuries to bilateral upper extremities. She underwent a decompressive acromioplasty of the left shoulder, followed by extensive therapy. Apparently, she complained of bilateral elbow pain, and was diagnosed with mild lateral epicondylitis. This was treated conservatively. The documentation provided for this review related to treatment of this entity is poor. On 5/17/02 the patient received steroid injections into bilateral medial epicondyles with good relief of symptoms. Apparently, the patient received another steroid injections on 4/29/03, but records related to this injection were not provided for this review.

Requested Service(s)

Left elbow epicondylectomy and fascial release

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

Although the records provided for review include hints or suggestions of medical treatment for the epicondylitis, they are grossly insufficient to document medical necessity for surgical management.

The treating physician gave the diagnosis of lateral epicondylitis, but the steroid injection performed was for medial epicondylitis. The last note from the treating physician is dated 11/20/01. No notes or documentation was provided as to the type of injection reportedly performed on 4/29/03 or the patient's response. Surgical management is not medically necessary due to a failure to document non-operative management.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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 (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

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

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 8th day of September 2003.