

August 20, 2003

## NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-03-1592-01**

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). \_\_\_' IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to \_\_\_ for independent review in accordance with this Rule.

\_\_\_ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing podiatrist on the \_\_\_ external review panel. The \_\_\_ podiatrist reviewer signed a statement certifying that no known conflicts of interest exist between this podiatrist and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to \_\_\_ for independent review. In addition, the \_\_\_ podiatrist reviewer certified that the review was performed without bias for or against any party in this case.

### Clinical History

This case concerns a 36 year-old female who sustained a work related injury on \_\_\_. The patient reported that while at work as a \_\_\_, she fell down a flight of stairs. The patient underwent an MRI that showed longitudinal tear of her peroneal tendons and an EMG/NCV. The diagnosis for this patient include anterior tarsal tunnel syndrome of the right ankle. The treatment for this patient has included a repair of peroneal tendon with debridement of degenerative portion of tendon right ankle/debridement of hypertrophic synovitis right peroneal tendon sheath/removal of peroneal tubercle calcaneus and injections.

### Requested Services

Right Foot Release of Deep Peroneal Nerve.

### Decision

The Carrier's denial of authorization for the requested services is upheld.

### Rationale/Basis for Decision

The \_\_\_ podiatrist reviewer noted that this case concerns a 36 year-old female who sustained a work related injury to her right ankle on \_\_\_. The \_\_\_ podiatrist reviewer also noted that the patient underwent an MRI that indicated the patient had a longitudinal tear of her peroneal tendons. The \_\_\_ podiatrist reviewer indicated that the patient has also been diagnosed with a deep peroneal nerve entrapment. The \_\_\_ podiatrist reviewer explained that the patient underwent an NCV study that was inconclusive for anterior tarsal tunnel syndrome. The \_\_\_ podiatrist reviewer also explained that an MRI showed no impingement on the deep peroneal nerve. The \_\_\_ podiatrist reviewer further explained that the

documentation provided does not show that the requested procedure is likely to be more beneficial for the treatment of this patient's condition. Therefore, the \_\_\_ podiatrist consultant concluded that the requested right foot release of deep peroneal nerve is not medically necessary to treat this patient's condition at this time.

This decision 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 (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 a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 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,

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 20th day of August 2003.