

August 28, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-1620-01

___ 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 physician on the ___ external review panel. This physician is board certified in neurology. The ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician 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 ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 42 year-old female who sustained a work related injury on ___. The patient reported that while at work she sustained a repetitive motion injury to both hands. The patient underwent an EMG on 12/8/02 that indicated the patient had bilateral carpal tunnel syndrome. That patient has been treated by a pain management specialist and has undergone bilateral median nerve block on 2/25/03 and 5/9/03. She has also been treated with oral pain medications. The patient underwent an occupational hand therapy evaluation on 7/23/03.

Requested Services

Repeat EMG/NCV.

Decision

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

Rationale/Basis for Decision

The ___ physician reviewer noted that this case concerns a 42 year-old female who sustained a work related injury to both her hands on ___. The ___ physician reviewer indicated that the patient underwent an EMG on 12/8/02 that indicated the patient had minimal carpal tunnel syndrome. The ___ physician reviewer noted that the patient experienced transient improvement of carpal tunnel syndrome symptoms with injections. However, the ___ physician

reviewer also noted that the patient's neck and radicular symptoms have increased. The ___ physician reviewer indicated that the last EMG/NCV testing performed for this patient was about 9 months ago. The ___ physician reviewer explained that a repeat EMG/NCV would help determine if the patient's carpal tunnel syndrome has progressed requiring surgery. The ___ physician reviewer also explained that a repeat EMG/NCV would help with a diagnoses of cervical radiculopathy for this patient. Therefore, the ___ physician consultant has concluded that the requested repeat EMG/NCV is 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/Appeals Clerk
P.O. Box 17787
Austin, TX 78744
Fax: 512-804-4011

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 28th day of August 2003.