

October 10, 2003

Re: Medical Dispute Resolution  
MDR #: M2-04-0015-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

**Clinical History:**

This 61-year-old female claimant was injured on the job on \_\_\_\_. She developed symptoms of pain radiating up and down the forearm. She was examined and found to have positive Tinel's sign at the carpal tunnel on the right side with positive Phalen's test on the right arm. She also had pain in the lateral epicondyle of the humerus on the right side. She was treated with a short-arm splint along with anti-inflammatory medications and steroid injections were given in the lateral epicondyle area and the carpal tunnel area. Her diagnosis was felt to be carpal tunnel syndrome and right lateral epicondylitis. She improved with conservative treatment.

She was also worked up for cervical pathology, and her EMG and nerve conduction studies did demonstrate evidence of cervical radiculopathy at C-4 through C-7. She also had evidence on the EMG study that she had bilateral carpal tunnel syndrome at the wrists which was more severe on the right side than the left. She also had some evidence of right cubital tunnel syndrome involving the ulnar nerve. Her diagnosis was (1) bilateral carpal tunnel syndrome, worse on the right, (2) right ring finger trigger-finger, (3) cervical radiculopathy, (4) arthritis of both knees.

**Disputed Services:**

Purchase of an RS4i muscle stimulator.

**Decision:**

The reviewer agrees with the determination of the insurance carrier. The service in dispute is not medically necessary in this case.

**Rationale:**

The purchase of this medical equipment does not fall within the standard of medical care for treatment of carpal tunnel syndrome. There is no medical literature that establishes the use of this neuromuscular interferential muscle stimulator for treatment of carpal tunnel syndrome.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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.

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 October 10, 2003.

Sincerely,