

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-0263-01
IRO Certificate No.: 5259

November 21, 2003

An independent review of the above-referenced case has been completed by a chiropractic doctor. 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 ___.

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CLINICAL HISTORY

Based on available information, it appears that this patient reports sustaining a neck and right wrist injury while at work on ___ as a result of repetitive stress. The patient presented to his chiropractor and received treatment with multiple passive modalities for conditions related to cervical strain, radiculopathy and wrist strain. Past medical history is positive for hypertension and previous carpal tunnel release in 1985. A cervical MRI was performed 9/10/03 suggesting multiple acquired degenerative changes with central spine stenosis. There is multilevel neuroforaminal stenosis but no acute disc herniation. EMG/NCV studies suggest bilateral brachial plexopathy left median nerve entrapment. Diagnostic ultrasound suggests slight swelling of the median nerve consistent with finding of carpal tunnel syndrome. No findings from previous wrist MRI are provided for review. A neurosurgical assessment and review is made with a ____, on 10/23/03. It is noted that the patient has been referred for epidural steroid injections with ____, but no reports from ___ are provided for review.

It is also noted that Cervical Myelogram with CT has been cancelled until patient's response to ESI's can be determined. Currently, the patient is reported to be working and moderately improved.

REQUESTED SERVICE (S)

Medical necessity for proposed repeat MRI of the cervical and right wrist.

DECISION

At this point, there is no compelling medical necessity for right wrist MRI or repeat cervical MRI until clinical response to ESI's are determined.

RATIONALE/BASIS FOR DECISION

Neurosurgical case review, ___ 10/28/03.

Armstrong TJ, Chaffin DB: Carpal tunnel syndrome and selected personal attributes. J Occup Environ Med. 1979; 21:481-486.

Birkbeck MQ, Beer TC: Occupation in relation to the carpal tunnel syndrome. Rheumatol Rehab. 175; 14:218-221.

Cannon LJ, Bernacki EJ, Walter SD. Personal and occupational factors associated with carpal tunnel syndrome. J Occup Med. 1981; 23:255-258.

Posch JL, Marcotte DR. Carpal tunnel syndrome: an analysis of 1,201 cases. Orthop Rev. 1976; 5:25-35.

Hadler NM: Illness in the workplace: the challenge of musculoskeletal symptoms. J Hand Surg Am 10:451-456, 1985.

Phalen GS, Neuropathy of the median nerve due to compression beneath the transverse carpal ligament. J Bone Joint Surg Am. 1950; 32:109-112.

Phalen GS. The carpal tunnel syndrome. Seventeen years' experience in diagnosis and treatment of 654 hands. J Bone Joint Surg Am. 1966; 48:211-228.

Phalen GS. The carpal-tunnel syndrome. Clinical evaluation of 598 hands. Clin Orthop. 1972; 83:29-40.

Hadler NM. Illness in the workplace: the challenge of musculoskeletal symptoms. J Hand Surg Am. 1985; 10:451-456.

Nathan PA, Meadows KD, Doyle LS. Occupation as a risk factor for impairment sensory conduction of the median nerve at the carpal tunnel. J Hand Surg Br. 1988; 13:167-170.

The observations and impressions noted regarding this case are strictly the opinions of this evaluator. This evaluation has been conducted only on the basis of the medical/chiropractic documentation provided. It is assumed that this data is true, correct, and is the most recent documentation available to the IRO at the time of request. If more information becomes available at a later date, an additional service/report or reconsideration may be requested. Such information may or may not change the opinions rendered in this review.

This review and its findings are based solely on submitted materials. No clinical assessment or physical examination has been made by this office or this physician advisor concerning the above-mentioned claimant. These opinions rendered do not constitute a per se recommendation for specific claims or administrative functions to be made or enforced.

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 25th day of November 2003.