

April 19, 2004

Ms. Trini Villaneuva
Dr. Brad Burdin, D.C.
3740 Colony Drive, Ste. LL-100
San Antonio, Texas 78230

VIA FACSIMILE
TPCIGA for Reliance National Ind.
C/o Cambridge Int. Services
Attn: Daniel Flores

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-04-0318-01
TWCC #: _____
Injured Employee: _____
Requestor: Brad Burdin, D.C.
Respondent: TPCIGA for Reliance National Ind. C/o Cambridge Int. Services
MAXIMUS Case #: TW03-0592

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS 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 MAXIMUS for independent review in accordance with this Rule.

MAXIMUS 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 MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in neurology. The MAXIMUS 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 MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 49 year-old female who sustained a work related injury on_____. The patient reported that while at work, she developed carpal tunnel syndrome of the bilateral wrists. The patient has undergone bilateral carpal tunnel releases and in 2/01 underwent right cubital tunnel release. In addition to the surgeries, the patient has been treated with physical therapy and rehabilitation. An electrodiagnostic study dated 10/23/01 noted the patient presented with complaints of pain in the right medial epicondylar area, radiating down the medial forearm and right medial hand, numbness and tingling of the right little finger, volar surfaces. It indicated that

the impression was chronic right cubital tunnel syndrome without signs of chronic motor radiculopathy of the bilateral upper extremities. The patient has also undergone repeat EMG studies and further therapy. A progress noted dated 9/3/03 indicated that the patient has continued ulnar nerve symptomatology and that a repeat upper extremity EMG/NCV is recommended to determine if there is any type of active compressive neuropathy at the cubital region.

Requested Services

Repeat EMG/NCV bilateral upper extremity.

Decision

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

Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a 49 year-old female who sustained a work related injury to both her wrists on_____. The MAXIMUS physician reviewer also noted that the patient had undergone bilateral carpal tunnel releases and a right cubital tunnel release. The MAXIMUS physician reviewer further noted that the patient had been treated with physical therapy and rehabilitation in addition to the surgeries. The MAXIMUS physician reviewer indicated that further surgery is being requested for this patient. The MAXIMUS physician reviewer explained that the patient has chronic problems with her upper extremities and is status post multiple surgeries to release the median and ulnar nerves. The MAXIMUS physician reviewer also explained that the most recent NCV/EMG performed on this patient was in 2002. The MAXIMUS physician reviewer further explained that this patient is under consultation for further surgery and therefore, follow up tests for comparative purposes are appropriate at this time. Therefore, the MAXIMUS physician consultant concluded that the requested repeat EMG/NCV of the bilateral upper extremities 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,
MAXIMUS

Elizabeth McDonald
State Appeals Department

cc: Texas Workers Compensation Commission

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 19th day of April 2004.

Signature of IRO Employee

Name Elizabeth McDonald