

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** January 14, 2004

**RE: MDR Tracking #:** M2-04-0510-01  
**IRO Certificate #:** 5242

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

The claimant is a 47 year old male with injury at work claimed on \_\_\_\_. Chief complaint of numbness and tingling both hands. The claimant had an EMG/NCV on 6/17/02 that indicated chronic C8-T1 neuropathy bilateral. On 5/1/03 he had a repeat EMG/NCV by another examiner that indicated a C7 radiculopathy on the left. A 3rd EMG/NCV has been requested with a diagnosis of carpal tunnel syndrome which is incompatible with findings on the above studies. His neurological exam was reported as normal by \_\_\_\_\_ the requesting physician. There is no history of an additional injury.

### **Requested Service(s)**

Repeat EMG/NCV

### **Decision**

I agree with the insurance that the requested EMG/NCV is not medically necessary.

### **Rationale/Basis for Decision**

The claimant has already had 2 prior EMG/NCV studies regarding the same injury. Neither of these is compatible with median nerve compression at the wrist (carpal tunnel syndrome). There is no record of another injury or aggravating factors that would justify a 3rd study.

## 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 (28 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) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
P.O. Box 17787  
Austin, Texas 78744  
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.