

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 6, 2004

Re: IRO Case # M2-04-0619

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting 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 referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 26-year-old right-handed female who reported a work-related injury on ___. She complained of neck pain, right shoulder pain, and bilateral arm pain. She was seen, treated and evaluated by multiple physicians and found to have subacromial impingement syndrome, mild carpal tunnel syndrome, mechanical neck pain, and deQuervain's tenosynovitis. She was treated with physical therapy, medical treatment, a steroid injection into the subacromial bursa, a steroid injection into the carpal tunnel, and splinting.

In addition, her medical management was supplemented with sleep medications due to poor sleep pattern and work restrictions. Evidently, the patient elected to proceed with carpal tunnel releases in a stage fashion; however, the medical records provided for this review do not document that she has undergone either of these procedures. In addition, a physician who performed an impairment rating determined that the patient may have thoracic outlet syndrome; and this was not evaluated in any of the notes provided for this review.

Requested Service(s)

Work hardening program 5X week for 6 weeks

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

Although the patient may be a good candidate for a work hardening program in the future, she still requires further treatment such as her staged carpal tunnel releases as well as evaluation of her possible thoracic outlet syndrome. A work hardening program is not indicated at this time, based on the records provided for this review, as the patient demonstrates objective evidence of ongoing pathology that needs to be addressed prior to the institution of such a program. After treatment of these conditions, she may or may not be a candidate for this, and would need to be reassessed on an independent medical examination.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to 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.

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 10th day of February 2004.