

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

February 6, 2004

Re: IRO Case # M2-04-0703-01

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 machine operator who presented for evaluation of an injury to the neck with radiating symptoms into the right shoulder, arm, wrist and hand. The patient was felt to have a cervical sprain with underlying degenerative disk disease in the cervical spine as well as rotator cuff tendonitis and possible medial/lateral epicondylitis. In addition, she has a history of bilateral carpal tunnel syndrome and cubital tunnel syndrome that dated back to 10 years prior to the more recent injury.

The patient was treated with extensive nonoperative management including physical therapy, chiropractic manipulation, neuromuscular stimulation, and anti-inflammatory medications in addition to work restrictions.

The patient was eventually taken off work because of the inability to deal with her pain. A cervical MRI revealed degenerative changes and disk bulging. X-rays of the shoulder and wrist were negative. In addition, nerve conduction studies were performed which were completely normal. The patient was placed at MMI on 8/7/03, receiving an 80 percent whole person impairment rating. Recently, the treating physician has requested repeat nerve conduction studies due to progression of her symptoms including intrinsic muscle weakness.

Requested Service(s)

Repeat EMG/NCV bilateral upper extremity

Decision

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

Rationale

The patient has not demonstrated consistent symptomatology to warrant repeat nerve conduction studies. In addition, the medical documentation provided for this review does not support the progression of muscle weakness. The treating physician has not rated graded muscle weakness or supplied objective data such as dynamometer testing or Pinch test values over time to objectively demonstrate the progression of weakness in this patient. The records provided for review suggest that the patient demonstrates Waddell's signs, reinforcing the need for documented, objective findings to justify repeat nerve conduction testing.

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.