

February 19, 2004

Re: MDR #: M2-04-0776-01
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

REVIEWER'S REPORT

Clinical History:

On ___ the patient presented as a 49-year-old female with numbness and pain in both hands and forearms, right greater than left. She was awakened 7 nights per week. Positive Tinel signs and Phalen signs were noted bilaterally. The impression was significant bilateral carpal tunnel syndrome, right greater than left. The right side was injected on 12/4/02. An EMG/NCV demonstrated severe bilateral carpal tunnel syndrome. The patient was again injected on the left on 12/5/03. On 3/12/03, 4/9/03, and 6/6/03 the right carpal canal was injected. On 7/7/03, the patient underwent a left carpal tunnel release, and on 8/27/03, the doctor noted that the right carpal tunnel syndrome will eventually require surgery. On 11/14/03, the patient was noted to have persistent problems with paresthesias and numbness involving the hand that had been operated on. On 12/16/03, the doctor was concerned with proceeding with surgery in the opposite hand because she only got partial relief of symptoms on the operative side. This is the rationale for repeat EMG/NCV before recommending surgery on the un-operated hand.

Disputed Services:

Repeat EMG/NCV of bilateral upper extremities

Decision:

The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that a repeat EMG/NCV of bilateral upper extremities is medically necessary for the left side, but is not medically necessary for the right side.

Rationale:

Repeat EMG/NCV on the left operated side is justified in view of the patient's persistent symptoms. Improvement would justify observation. No change or worsening might justify re-exploration. Repeat EMG/NCV on the right un-operated side is not justified, and the doctor should proceed with surgery.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) 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
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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.

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 February 19, 2004

Sincerely,