

February 17, 2004

David Martinez  
TWCC Medical Dispute Resolution  
MS-48  
7551 Metro Center Drive, Suite 100  
Austin, TX 78744-1609

MDR Tracking #: M2-04-0785-01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this 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, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Orthopaedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

#### CLINICAL HISTORY

\_\_\_ is a 51-year-old woman who sustained a repetitive use injury to her left wrist and arm during her course of employment as a senior customer service representative for the \_\_\_. She was initially seen by \_\_\_ and was referred for an EMG/NCV study of the upper extremity. This was performed by \_\_\_ on January 25, 2001. This was negative in all aspects. The patient began physical therapy to her neck, right wrist and left upper extremity. She eventually was seen by \_\_\_ who recommended bilateral wrist MRIs. These MRIs demonstrated superficial irregularity of the distal radial ulna joint with clear evidence of degenerative joint disease. She continued with physical therapy, but with no benefit.

The patient changed treating physicians to \_\_\_, and then to \_\_\_.

She was eventually referred to \_\_\_, an orthopedist, on April 7, 2001 for complaints of bilateral wrist pain. A diagnosis of bilateral carpal tunnel and cubital tunnel syndrome was given. On April 9, 2001 she was referred to \_\_\_ who diagnosed multiple soft tissue injuries to include cervical, thoracic and lumbar myofascitis, as well as sprains of her upper extremities and neuralgia of her hand. The patient was provided additional physical therapy.

\_\_\_ underwent a second EMG/NCV study performed by \_\_\_ on May 4, 2001, and it demonstrated "mild right carpal tunnel syndrome and no other physiological evidence of cervical radiculitis or brachial plexopathy. \_\_\_ performed a left-sided endoscopic carpal release and a first dorsal extensor compartment injection on June 12, 2001. On July 4, 2001 the patient underwent a right endoscopic carpal tunnel release and first dorsal extensor compartment injection. The patient received more physical therapy. An MRI of the cervical spine was performed on September 25, 2001 that demonstrated degenerative changes. On October 17, 2001 \_\_\_ performed a left ulnar nerve neurolysis at the elbow. On December 20, 2001 the patient was diagnosed with possible reflex sympathetic dystrophy by \_\_\_.

On January 11, 2002 the patient was seen by \_\_\_, a neurosurgeon, with complaints of neck pain radiating to bilateral shoulders. The patient underwent a cervical myelogram on March 12, 2002, which demonstrated multi-level disc herniations and arthritis. She then underwent cervical epidural steroid injections performed by \_\_\_. \_\_\_ eventually underwent an anterior cervical discectomy and fusion at C4/5 and C5/6, performed by \_\_\_ on September 25, 2002, which ultimately led to no change in the patient's condition or pain complaints.

On January 8, 2003 the patient was maintained on Celebrex, Lortab, Soma and Flexoril. These were all prescribed by \_\_\_, D.O. In addition the patient was recommended an RS-4i interferential and muscle stimulator.

#### REQUESTED SERVICE

The purchase of an RS-4i interferential and muscle stimulator is requested for this patient.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

Based on the above documentation, the reviewer finds that there is no evidence that the RS-4i stimulator is medically necessary to treat this patient's pain, wrist sprain or carpal tunnel syndrome. There is no documented evidence in these medical records that she has improved using this machine. In addition, there is no peer review literature that would support the long-term use of this particular device in this type of condition.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

## 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.

**I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 17<sup>th</sup> day of February 2004.**