

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-5999.M2**

April 21, 2004

Re: MDR #: M2-04-0931-01  
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.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is certified in the area of Orthopedic Surgery and is currently listed on the TWCC Approved Doctor List.

**REVIEWER'S REPORT**

**Information Provided for Review:**

Correspondence  
History and physical exam and office notes through 10/15/02  
Electromyography report  
Operative and radiology reports

**Clinical History:**

This claimant is a 36-year-old female who injured her hand at work on \_\_\_\_. The wound was closed with some sutures but apparently became infected, and she subsequently developed significant pain. Her initial surgery was for a carpal tunnel release 03/06/91, but she has had multiple carpal tunnel releases and revisions and decompressions of nerves in and about the right and left hand. This was complicated by a motor vehicle accident in 9/93.

The course is more complicated with multiple surgeries and carpal tunnel syndrome of the right hand, and this is including a tenosynovectomy of the flexor tendons of the wrist and grafting of an interosseus ganglion cyst from the carpal navicular. Following the original incident of \_\_\_\_, the patient had an acute exacerbation of symptoms resulting in a left carpal tunnel syndrome release sometime in 2002. It was noted on October 15, 2002 that the symptoms were the same as they were since the original injury, and the present problem is probably recurrent carpal tunnel syndrome of the right hand with a continuation of original work injury. The treating doctor notes that he had not seen the claimant for \_\_\_\_ years at that time, and makes him wonder how bad the symptoms were at the time of this visit.

**Disputed Services:**

Repeat MRI of the right hand.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that a repeat MRI of the right hand is not medically necessary in this case.

**Rationale:**

The fact that the last note provided for review is on October 15, 2002, stating the patient's present condition and why they think the MRI is indicated. The treating doctor notes on 10/15/02 that his recommendation would be to proceed with MRI of the right wrist to see if this demonstrates any substantial localized inflammation or swelling that might be amenable by further treatment. There was a considerable lapse of time between that visit and the physician request for the MRI. Better and more current data should be provided before approving a repeat MRI, although one would have to say if the request was made at the time of the 10/2/02 evaluation that the indication for MRI probably would be appropriate, but this is not the time sequence which we have facing us now. Based of that lack of up-to-date records discussing the symptoms and physical condition of the patient, a repeat MRI is not medically necessary.

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.

**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 April 21, 2004

Sincerely,