

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

SOAH DOCKET NO. 453-04-5230.M2

NOTICE OF INDEPENDENT REVIEW DETERMINATION

MDR Tracking Number: M2-04-1021-01

March 30, 2004
IRO Certificate# 5259

An independent review of the above-referenced case has been completed by a medical physician board certified in surgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

___ is a 49-year-old female who suffered a crush injury to her right forearm, wrist and hand on ___ while making rolls with a mixer and bowl while working as a cook for the ____. Patient was seen by an orthopedic surgeon and treated conservatively. Patient had x-rays, MRI scans, steroid injections, and Bier blocks. Patient had questionable RSD. Patient continues to have wrist pain to this date.

___ underwent a carpal tunnel release of the right hand and decompression of de Quervain's symptoms of her first compartment by ___ on 3/14/03. Review of the Operative Report of that date shows that the surgery went well. ___ had an evaluation and disability rating performed on 1/4/04 and received a disability rating of 8% of the whole person.

Currently ___ is requesting services for ___ for re-exploration of the de Quervain's in case there is a second compartment within the first compartment and perhaps if that does not work to operate on a triangular fibrocartilage tear.

REQUESTED SERVICE (S)

ASC for right De Quervains Release

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

This patient has had multiple pain syndromes, which have not been well located, and despite two recent examinations by ___ and ___ perceives only a minimal residual amount of pain in the area and ___ perceives a significant amount of pain. This patient has shown no improvement upon even conservative treatment. Often just resting the area, if well splinted with steroid injection, patient should obtain at least some minimal relief.

After examining the Operative Report of 3/14/03, in which ___ actually lifted the tendons out of the grooves, it would be doubtful that there is another compartment available to be released. Also, due to the patient's almost immediate failure to have any relief of pain, it would not be reasonable to assume that this pain is due to new scarring, as patient has never had any significant relief according to her statement. There has only been one surgery for de Quervain's.

The examination by ___ explains that despite everything that she has been treated for, including RSD and the pain injections that she received, patient still has some residual pain and stiffness in the wrist, which are far beyond the usual de Quervain's isolated pain to the area, although she does have some more pain near the base of her thumb. His impression is, "status post right de Quervain's release with mild residual symptoms." He considers her to have a chronic wrist pain with loss of motion in all distributions, which is more consistent with a residual loss of function secondary to RSD, although this has been disputed whether it truly existed, but there is agreement with his review of all the testing, including the EMG's and MRI's, that she only had mild neural dysfunction prior to surgery and even less afterwards.

There is agreement with ___ that the patient has reached Maximum Medical Improvement, and there is no indication at this time for re-exploration of de Quervain's, as ___ her original surgeon, never suggested it, and there is no anatomical basis, as suggested by ___ after reviewing the Operative Report, where ___ actually lifted the tendons out of the groove, that there would be any extra anatomical compartment.

YOUR RIGHT TO REQUEST A HEARING

Either party to this 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 (20 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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), 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 this 1st day of April 2004.