

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

May 3, 2004

Re: IRO Case # M2-04-1090

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 Anesthesiology and Pain Management, 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:

Medical Information Reviewed

1. Table of disputed services
2. Non certification of service letter 1/20/04, 2/4/04
3. Prescription for stimulator
4. Letter from DC 11/7/03
5. Follow up report 11/6/03
6. Peer review 12/28/03
7. Muscle ROM report 12/4/02
8. Radiology report date *unclear*
9. Statement of medical necessity 12/17/03
10. Operative report 1/21/03
11. Hand surgery consult 1/13/03

History

The patient is a 50-year-old male who has had hand and arm pain since an ___ injury. The patient has had carpal tunnel repair. The diagnosis of RSD has been entertained.

Requested Service(s)

Purchase of RS4i sequential stimulator

Decision

I agree with the carrier's decision to deny the proposed purchase.

Rationale

The notes from the patient's treating doctor mention improvement, but do not give a specific indication that the patient's comfort and functional level improved due to use of an RS4i stimulator. The documentation provided for this review does not adequately document a decrease in medication use or a decrease in use of medical resources as a result of using the stimulator unit. Therefore, purchase of the unit is not reasonable or necessary.

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.

Sincerely,

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 5th day of May 2004.