

June 2, 2004
Amended June 8, 2004

MDR Tracking #: M2-04-1310-01
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 board certified and specialized in Neurology. 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

___ reported injury to both arms at work on ___ while working at ___ doing repetitive activities. The first report available for review is a nerve study performed by ___ on 04/30/02, which showed evidence of bilateral carpal tunnel syndrome. Records were reviewed by ___, a rehab specialist, on 05/02/03. He felt she had an initial diagnosis of carpal tunnel syndrome for which she required up to four weeks of physical therapy and chiropractic treatments. He felt she should require additional treatments for carpal tunnel syndrome. Records were reviewed again on 05/15/03 by ___ who noted that she was six months status post carpal tunnel release, which was significant time for healing of her condition. There was an independent medical examination performed on 09/08/03 that assigned her a 12% whole person impairment for her upper extremity symptoms.

She had a designated doctor examination by ___ on 03/01/04 at which time an 11% whole person impairment rating was agreed to by her treating chiropractor. He noted she had undergone a right carpal tunnel release on 02/13/03 and had been released from treatment by her primary care physician with maximum medical improvement date of 09/08/03.

There is an evaluation performed by ___, DC dated 03/03/04. He note that her right writ had not improved since surgery and that her left wrist had improved by about 50 to 60% since her date of injury. She continued having pain and spasms in her arms. His impression was bilateral carpal tunnel syndrome with paresthesias and mild spasms. He recommended a repeat EMG nerve study to determine if there is nerve impingement on both sides. She saw ___ on 03/18/04 who x-rayed both hands, which were unremarkable. His impression was status post bilateral carpal tunnel releases, having had a right carpal tunnel release in February of 2003 and a left carpal tunnel release in September of 2002.

He notes she had not returned to work since her injuries and surgeries and recommended repeat electrodiagnostic studies. The last report available for review is a peer review report from ____, DC dated 04/28/04. He felt that she did not sustain carpal tunnel syndrome as a result of her injury.

REQUESTED SERVICE

A repeat EMG/NCV bilateral of the upper extremities is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

This patient has undergone bilateral carpal tunnel releases with the left one being done in December 2002, the right one in February 2003. She has remained symptomatic. The Neurology standard of care is for electrodiagnostic studies to be performed to rule in or out nerve compression, in this case median nerve compression at the wrist. As this patient has remained symptomatic after surgery, it will be medically necessary and appropriate that she undergo repeat EMG nerve studies limited to the median nerves, sensory and motor of her right and left hand. The needle EMG nerve study is the gold standard for determining nerve compression at the wrists and is supported by the objective findings and the medical records presented for review in this case.

____ 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 ____, Inc, dba ____, 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 2nd day of June 2004.