

July 26, 2004

MDR Tracking #: M2-04-1526-01
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 Orthopedic 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

___ was a 41-year-old bus driver who was driving her bus and wearing her seat belt and shoulder restraint when another vehicle hit her bus from the rear. She did not receive any lacerations and she originally complained only of neck pain and back pain. She did not have any complaints or any findings according to the record regarding her right wrist and right hand for at least three days following the accident. She saw ___ and he gave her some Naprosyn for her neck and back. She had an MRI of the cervical spine on 08/24/01 and it was normal. She had x-rays of her neck and also she had an MRI of her shoulder on 06/27/02 and it was normal. About ten days later she began to complain of aches and pains in the wrist and forearm. She also complained of muscle spasm and numbness and all of her complaints were subjective.

After about seven and a half months her attorney had her care transferred to ___, a pain management doctor. He told her that she had tenosynovitis in the wrist and he referred her to a plastic surgeon, ___. She saw him on January 21, 2002. She had an MRI of the wrist that was normal and EMG studies, which were basically normal. She saw ___, an orthopedic surgeon who specializes in upper extremity problems and he found that she had not been receiving any treatment for any particular wrist problem between the summer of 2000 and August 2001. He felt that her upper extremity was basically normal except for some degenerative change. He gave her a 0% impairment rating for the upper extremity problem. She saw the ___ on 11/15/01 and was given a 0% impairment rating. She saw ___ for an independent medical evaluation on 06/12/02 and he noted no significant injury and no significant problem with her hand and thumb that could be related to the injury in question on ___. Also, ___, a neurologist concurred that there was no significant injury to the wrist, thumb or hand that required any type of surgical procedure. This examination was made on 05/28/02. She had another MRI of the cervical spine on 07/23/03 and it was basically normal except for some degenerative changes.

REQUESTED SERVICE

Tenosynovectomy of the right wrist, radial carpal, mid carpal and meta carpal areas, and also left wrist and hand is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

___ was driving a bus and it was hit from the rear by another vehicle. She did not complain of any pain or swelling in the wrist for some time. There was no apparent injury in the wrist and hand that is documented until several days later when she began having subjective complaints. Practically all of her complaints have been subjective and have not been observed or verified by many other physicians who have examined her. She is in her 40s and she has some minor degenerative changes, but other than that there is no real abnormality on any of her imaging studies. There is no clinical objective reason for the surgery that is proposed and there is no objective evidence that any type of significant injury other than soft tissue strain could have occurred in the rear end collision that occurred on ___.

___ 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 6th day of July 2004.