

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	4/15/05
Injured Employee:	
Address:	
MDR #:	M2-05-0964-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the service in dispute regarding repeat electromyogram and nerve conduction velocity studies.

DECISION: REVERSED

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 3/7/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The repeat EMG/NCV of the right upper extremity is medically reasonable and necessary.

CLINICAL HISTORY:

This is a 34-year-old female with injury of right carpal tunnel syndrome and cervical strain related to repetitive keyboard activities as a dispatcher. She underwent, after nonsurgical treatment, EMG/NCV, and MRI, an endoscopic carpal tunnel release on 11/21/2003. The initial results were good, as per RME by Dr. Obermiller on 06/24/2004. Subsequent notes from Dr. Rashid document symptoms and findings consistent with recurrent carpal tunnel syndrome.

RATIONALE:

The RME physician and insurance company and treating doctor all agree that the right carpal tunnel is related to the work injury of _____. The patient underwent endoscopic carpal tunnel release 11/21/2003, with initially good results and return to work. Dr. Rashid's records (such as 11/30/2004) document recurrent right palm and wrist pain with positive Tinels and Phalens tests. This clinical documentation is

consistent with the possibility of recurrent carpal tunnel syndrome. The EMG/NCV is thus appropriate for diagnosis and treatment planning.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 3/7/05
- TWCC MR-117 dated 3/7/05
- TWCC-60
- TWCC-21 dated 7/19/04
- CorVel: Pre-Authorization Determinations dated 1/11/05, 1/20/05, 3/18/05, 12/14/04
- Flahive, Ogden and Latson: letter to MCMC dated 3/31/05; Summary of Carrier's Position dated 2/11/05
- TML Intergovernmental Risk Pool: Notice of Disputed Issue and Refusal to Pay Benefits dated 3/31/05, 9/29/04
- John Obermiller, MD: History and Physical dated 6/24/04
- South Texas Clinic for Pain Management: Initial Consultation dated 1/23/04; Return Visits dated 3/5/04 to 2/22/05
- Radiology Associates of McAllen: MRI of Right Wrist results dated 1/6/03

The reviewing provider is a Boarded Orthopedic Surgeon and certifies that no known conflict of interest exists between the reviewing Orthopedic Surgeon and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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) days or your receipt of this decision (28Tex.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) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties 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

15th day of April 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____