

MCMC

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

Date:	3/21/05
Injured Employee:	
Address:	
MDR #:	M2-05-0984-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Please review the service in dispute regarding the excision of Ganglion Cyst (Primary Incision of Ext Tendon Sheath Wrist).

DECISION: UPHELD

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 2/24/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The excision of Ganglion Cyst (Primary Incision of Ext Tendon Sheath Wrist) is not medically necessary.

CLINICAL HISTORY:

The injured individual is a 44-year-old female who sustained a wrist injury ____ and remains under treatment for pain felt to be related to a small dorsal-radial cyst near the DeQuervain's tunnel.

RATIONALE:

At the time of the original surgical request and reviews (12/09/2004 and 12/17/2004), the available clinical information did not provide clear evidence of an adequate trial of conservative treatment, such as medication, therapy, and injection. According to the

references provided by the reviewers, and also according to standard practice, nonsurgical treatment should be tried first. The original denials were appropriate.

Subsequent clinical information submitted includes physical therapy and an office note indicating that an injection was performed on 01/10/2005. However, there are no further notes from Dr. Hernandez documenting the response of the patient to the treatment provided. Based on clinical information available at this time, the procedure is still not indicated.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 2/24/05
- TWCC MR-117 dated 2/24/05
- TWCC-60 stamped received 1/31/05
- TWCC-73 dated 10/21/04, 11/3/04, 11/12/04, 12/10/04
- Genex: Texas Outpatient Non-Authorization Recommendation dated 12/9/04; Texas Outpatient Reconsideration Decision Non-Authorization
- Worker's Job Description dated 10/21/04
- Benjamin Bujanda, MD: Initial Medical Report dated 10/27/04; Office notes dated 11/3/04, 11/12/04, 11/23/04, 12/10/04; Initial Medical Conference dated 12/13/04
- McAllen Bone and Joint Clinic: Office Note dated 11/22/04; Weekly Progress Note for DOS 1/31/05 to 2/11/05
- Miguel Hernandez, MD: Office Note dated 1/10/05, 2/10/05

REFERENCES:

1. Green's textbook of Operative Hand Surgery
2. Essentials of Musculoskeletal Care (AAOS)

The reviewing provider is a (Licensed/Boarded) (Specialty) and certifies that no known conflict of interest exists between the reviewing (Specialty) 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

21 day of March 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____