

July 1, 2005

Re: MDR #: M2-05-1665-01 **Injured Employee:**
TWCC#: **DOI:**
IRO Cert. #: 5055 **SS#:**

TRANSMITTED VIA FAX TO:
Texas Workers' Compensation Commission
Attention:
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT:
TASB
Attention: Jackie Rosga
(800) 580-6720

TREATING DOCTOR:
Ronald Washington, MD
(214) 948-7793

Dear Ms. ____:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is board certified in Anesthesiology and Pain Management and is currently listed on the TWCC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. 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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

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

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 July 1, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/dd

REVIEWER'S REPORT
M2-05-1665-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

From Respondent:

Correspondence
Designated Reviews

From Treating MD:

Office Notes 04/07/04 – 05/25/05
Nerve Conduction Study 12/30/03

From Orthopedics:

Office Notes 01/30/03 – 12/05/03
OR Report 09/11/03
Physical Therapy Notes 09/19/03 – 10/07/03

From Pain Management:

Office Note 05/06/03

From Chiropractor:

Office Note 05/06/03

Clinical History:

The patient sustained injury on ____; bilateral carpal tunnel syndrome with release on 09/11/03. The patient still has mobility and pain problems.

Disputed Services:

Denial of the MRI of the left hand.

Decision:

The reviewer disagrees with the determination of the insurance carrier in this case.

Rationale:

The patient has not responded to carpal tunnel release as she should, with mobility and pain problems after surgery. The patient probably has scar or other problems which should be able to be elucidated by an MRI and thus have a chance at cure. The electrical study of 12/30/03 was abnormal after a surgical date of 09/11/03.