

June 14, 2005

VIA FACSIMILE  
Liberty Healthcare  
Attn: Cynthia Maldonado

VIA FACSIMILE  
Ace American Insurance  
Attn: Javier Gonzalez

### NOTICE OF INDEPENDENT REVIEW DECISION

**RE: MDR Tracking #: M2-05-1691-01**  
**TWCC #:**  
**Injured Employee:**  
**Requestor: Liberty Healthcare**  
**Respondent: Ace American Insurance**  
**MAXIMUS Case #: TW05-0109**

MAXIMUS has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The MAXIMUS IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to MAXIMUS for independent review in accordance with this Rule.

MAXIMUS has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on the MAXIMUS external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. This physician is board certified in orthopedic surgery and is familiar with the condition and treatment options at issue in this appeal. The MAXIMUS physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to MAXIMUS for independent review. In addition, the MAXIMUS physician reviewer certified that the review was performed without bias for or against any party in this case.

#### Clinical History

This case concerns a female who sustained a work related injury on \_\_\_\_\_. The patient reported that while at work she injured her right wrist. The patient reportedly underwent an MRI of the right wrist that showed evidence of carpal tunnel syndrome and injury to dorsal aspect of the right wrist. In November of 2004 the patient underwent surgery for the extensor carpi ulnaris tendonitis and the ligamentous tear on the dorsal aspect of the right wrist. The current assessment for this patient includes a painful mass on the dorsal aspect right wrist, synovitis of

the dorsal aspect right wrist, diminished extension of the right wrist and right hand, carpal tunnel syndrome of the right hand, thenar atrophy of the right hand, and diminished two point discrimination medial nerve field distribution of the right hand. The patient has been recommended for an excisional biopsy of the mass, synovectomy and tenolysis of the right wrist and hand.

### Requested Services

Excisional biopsy of mass, synovectomy, tenolysis of right hand.

### Documents and/or information used by the reviewer to reach a decision:

#### *Documents Submitted by Requestor:*

1. No documents submitted

#### *Documents Submitted by Respondent:*

1. Office Notes 3/21/05 and 4/21/05
2. Treatment Logs 9/21/04 - 4/4/05
3. Review of Medical History & Physical Exam 2/16/05
4. Retrospective Peer Review 1/21/05
5. Evaluation Summary 12/23/04
6. Operative Note 11/24/04
7. MRI report 9/28/04

### Decision

The Carrier's denial of authorization for the requested services is overturned.

### Rationale/Basis for Decision

The MAXIMUS physician reviewer noted that this case concerns a female who sustained a work related injury on \_\_\_\_\_. The MAXIMUS physician reviewer also noted that the current assessment for this patient includes a painful mass on the dorsal aspect of the right wrist, synovitis dorsal aspect right wrist, diminished extension right wrist and right hand, carpal tunnel syndrome right hand, thenar atrophy right hand, and diminished two point discrimination medial nerve field distribution right hand. The MAXIMUS physician reviewer further noted that the patient has been recommended for an excisional biopsy of the mass, synovectomy and tenolysis of the right wrist and hand. The MAXIMUS physician reviewer explained that the patient is demonstrating increased pain and decreased motion in the right wrist. The MAXIMUS physician reviewer also explained that ganglion mass aspirations are not a necessary prerequisite to surgery and are not successful approximately 70% of the time. The MAXIMUS physician reviewer further explained that the symptoms this patient is exhibiting indicates that surgery is medically necessary at this point. Therefore, the MAXIMUS physician consultant concluded that the requested excisional biopsy of mass, synovectomy, and tenolysis of right hand are medically necessary at this time.

**This decision is deemed to be a TWCC Decision and Order.**

### **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 of your receipt of this decision. (20 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)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) 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/Appeals Clerk  
P.O. Box 17787  
Austin, TX 78744

Fax: 512-804-4011

**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. (Commission Rule 133.308(t)(2)).

Sincerely,  
**MAXIMUS**

Elizabeth McDonald  
State Appeals Department

cc: Texas Workers Compensation Commission

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 14th day of June 2005.

Signature of IRO Employee: \_\_\_\_\_  
External Appeals Department