

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758

PH. 512/248-9020
IRO Certificate #4599

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NOTICE OF INDEPENDENT REVIEW DECISION

August 17, 2005

Re: IRO Case # M2-05-2123-01

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) by the Texas Department of Insurance and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation cases Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that Worker's compensation assign cases to certified IROs, this case was assigned to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery, and who has met the requirements for the Worker's Compensation Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Medical records, Dr. Sazy

4. X-ray of hands report 6/3/05
5. X-ray of left wrist report 6/22/04, 4/27/04
6. Left wrist fluoroscopic spot radiographs report 3/10/04
7. Report Electromyographic nerve conduction study 3/28/05, Dr. Donovan
8. Operative report 3/10/04

History

The patient is a 44-year-old right hand dominant female who developed a cumulative trauma-type injury to both wrists and hands. The patient had undergone previous intercarpal lundotriquetral arthrodesis on the left wrist on 3/10/04. The patient continued to have symptoms consistent with carpal tunnel syndrome and was treated conservatively. The patient underwent bilateral carpal tunnel injections in January 2005 without significant improvement. The patient was also treated medically with Ketoprofen and Darvocet. Nerve conduction tests were performed on 3/28/05 that showed mild to moderate carpal tunnel syndrome bilaterally.

Requested Service(s)

Left carpal tunnel release

Decision

I disagree with the carrier's decision to deny the requested surgery.

Rationale

An adverse determination previously rendered in this case stated that no objective signs were documented. The medical records, however, indicate that the patient had a very strongly positive Tinel's test over the median nerve bilaterally, and this correlated with the patient's nerve conduction study findings. In addition, the patient has failed conservative measures, including medications, splinting and carpal tunnel steroid injections. Based on the records provided, this patient is a surgical candidate for a carpal tunnel release, and the surgery would be medically necessary.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

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.

Sincerely,

Daniel Y. Chin, for GP

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 18th day of August 2005.

Signature of IRO Representative:

Printed Name of IRO Representative: Alice McCutcheon

Requestor: Dr. J. Sazy, Attn Kristi Songer, Fx 817-468-7676

Respondent: Winn Dixie Louisiana, Attn Wisteria Hutchenson, Fx 346-2539

Texas Workers Compensation Commission Fx 804-4871 Attn: