

# Parker Healthcare Management Organization, Inc.

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Certificate # 5301

September 30, 2005

**ATTN: Program Administrator**  
**Texas Workers Compensation Commission**  
Medical Dispute Resolution, MS-48  
7551 Metro Center Drive, Suite 100  
Austin, TX 78744  
Delivered by fax: 512.804.4868

## Notice of Determination

MDR TRACKING NUMBER: M2-05-2300-01  
RE: Independent review for \_\_\_\_

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 8.31.05.
- Faxed request for provider records made on 8.31.05.
- The case was assigned to a reviewer on 9.20.05.
- The reviewer rendered a determination on 9.29.05.
- The Notice of Determination was sent on 9.30.05.

The findings of the independent review are as follows:

### Questions for Review

Medical necessity of proposed neurolysis of the L medial nerve and possible tenolysis with an injection into the first compartment

### Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **uphold the denial** on the requested service(s).

### Summary of Clinical History

Ms. \_\_\_\_ sustained a work related job injury on \_\_\_\_, while employed with \_\_\_\_\_.

### Clinical Rationale

The patient started with a sensation of a reaction while working. She was performing repetitive activity at that time. The subject of symptoms, by report, worsened. The electrodiagnostic studies were interpreted as negative. Clinically, the patient appeared to have carpal tunnel syndrome and was treated conservatively, however, failed to respond. The subjective symptoms were not well explained by objective evidence in the early notes and the subjective symptoms seem to far outweigh the objective

findings based upon a review of the records. The consistent symptoms from the day of the injury are tendonitis symptoms. The patient initially denied numbness and tingling on \_\_\_\_.

Based upon a review of the records and the standard of practice, the indication for medial nerve neurolysis is not established. The steroid injection is an office procedure.

The URA denial is upheld. There is no objectively established diagnosis.

## Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 15 years of patient care.

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The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomate of the American Board of Orthopedic Surgery, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the review is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

### Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.

If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision. The address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to TWCC, Medical Dispute Resolution department, the requestor (if different from the patient) and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker (the requestor) applicable to Commission Rule 102.5 this 30<sup>th</sup> day of September, 2005. Per Commission Rule 102.5(d), the date received is deemed to be 5 (five) days from the date mailed and the first working day after the date this Decision was placed in the carrier representative's box.

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Meredith Thomas  
Administrator  
Parker Healthcare Management Organization, Inc.

CC:

American Home Assurance  
Attn: Katie Foster  
Fax: 512.867.1733

[Claimant]