

**INDEPENDENT REVIEW INCORPORATED**



SENT TO: Texas Department of Insurance  
Health & Workers' Compensation Network Certification & QA  
Division (HWCN) MC 103-5A  
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January 29, 2007

RE: IRO Case #: M2 07 0660 01  
Name: \_\_\_\_\_  
Coverage Type: Workers' Compensation Health Care - Non-network  
Type of Review:  
 Preauthorization  
 Concurrent Review  
 Retrospective Review  
Prevailing Party:  
 Requestor  
 Carrier

Independent Review, Inc. (IRI) has been certified, IRO Certificate # 5055, by the Texas Department of Insurance (TDI) as an Independent Review Organization (IRO). TDI has assigned this case to IRI for independent review in accordance with the Texas Insurance Code, the Texas Labor Code and applicable regulations.

IRI has performed an independent review of the proposed/rendered care to determine if the adverse determination was appropriate. In the performance of the review, IRI reviewed the medical records and documentation provided to IRI by involved parties.

This case was reviewed by a neurologist. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), and any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance



carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

As an officer of IRI, I certify that:

1. there is no known conflict between the reviewer, IRI and/or any officer/employee of IRI with any person or entity that is a party to the dispute, and
2. a copy of this IRO decision was sent to all of the parties via U.S. Postal service or otherwise transmitted in the manner indicated above on January 29<sup>th</sup>, 2007.

**RIGHT TO APPEAL:**

You have the right to appeal the decision by seeking judicial review. This IRO decision is binding during the appeal process.

For disputes other than those related to prospective or concurrent review of spinal surgery, the appeal must be filed:

1. directly with a district court in Travis County (see Labor Code 413.031(m)), and
2. within thirty (30) days after the date on which the decision is received by the appealing party.

For disputes related to prospective or concurrent review of spinal surgery, you may appeal the IRO decision by requesting a Contested Case Hearing (CCH). A request for CCH must be in writing and received by the Division of the Workers' Compensation, Division Chief Clerk, within ten (10) days of your receipt of this decision.

Sincerely,

Jeff Cunningham, D.C.  
Director of Operations

**REVIEWER'S REPORT  
M2 07 0660 01**

DATE OF REVIEW: January 26, 2007

IRO CASE #: M2 07 0660 01

DESCRIPTION OR THE SERVICE OF SERVICES IN DISPUTE:

Repeat electromyogram and nerve conduction velocity studies for both wrists

**QUALIFICATIONS:**

MD with board certification in neurology.

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

58 pages including medical records following the 2000 injury and 2002 impairment evaluation along with additional medical records covering subsequent apparent wrist injury and surgery.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

55 yr female with repetitive stress injury reported 3/\_\_/2000, evaluated with nerve conduction velocity and MRI, felt to have radial nerve compression and possible ulnar and median nerve compression, treated with physical therapy, manipulation, told to reduce repetitive stress situation but did not to level suggested by physicians, given final impairment rating of 5% whole person impairment in 2002 for motor and sensory nerve findings. She has apparently had a subsequent wrist injury with a ligamentous tear, She subsequently had an abrasion chondroplasty to the left wrist, now has a diagnosis of chondromalacia, has normal strength and sensation in both hands but positive Phelan and Tinel signs bilaterally.

**ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:**

The patient has a documented repetitive stress injury from 2000, treated symptomatically. The patient continued the stress level in excess of what her physicians recommended. She was evaluated in 2002 with a maximal medical improvement impairment rating. That would appear to have terminated the claim based on the 2000 injury. Subsequent notes from 2005 and 2006 document a wrist ligament tear and subsequent surgery. This would imply a distinctly different injury or process. There is no explanation in the medical records for the etiology or the treatment plan for this separate process.

At the present time, with the latest examination showing a patient in no acute distress or

pain and with normal motor and sensory function in both hands and only positive Tinel and Phelan signs, with intervening history since 2000 suggesting a different hand or wrist injury, the need for evaluation of carpal tunnel syndrome seems to rest on the orthopedic physician's judgment but not be the responsibility of Workmen's Compensation from an old 2000 injury that had reached a stable state.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

- ACOEM Knowledgebase.
- AHCPR - Agency for Healthcare Research & Quality Guidelines.
- DWC - Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgement, clinical experience and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliran Care Guidelines.
- ODG - Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer-reviewed, nationally accepted medical literature (with description)
- Other evidence-based, scientifically valid, outcome-focused guidelines (with description)