

NOTICE OF INDEPENDENT REVIEW DECISION

March 30, 2004

MDR Tracking #: M2-04-0867-01
IRO Certificate #: IRO4326

The ___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in orthopedic surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating 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 the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained two spider bites on ___ that progressed to increasing pain, erythema, and swelling of his right forearm. He underwent incision, drainage, and debridement surgery on 09/10/03.

Requested Service(s)

De Quervain's radial release of the right wrist

Decision

It is determined that the proposed de Quervain's radial release of the right wrist is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

The orthopedic surgeon noted in September that this patient developed granulating wounds approximately 4 x 8 mm with thickening in the soft tissues around these wounds. He also noted that the one at the wrist was worse than the forearm and presented a Tinel's symptom. This physician's impression was that the patient had developed some irritation of the radial nerve because of swelling and that the patient may develop "a de Quervain's with this because it was also right over the first dorsal compartment area".

The previous reports from another treating provider also indicated a significant amount of cellulitis, swelling, and erythema of the right forearm. Inflammation from these spider bites can result in a tenosynovitis which can affect any of the tendons in the wrist including the first dorsal compartment. The surgeon's notes in December again discuss the problem the patient was having with his tenosynovitis of the first dorsal compartment or de Quervain's syndrome. At this conjecture, continued non-interventional care is not medically indicated as it has been six months since the injury.

Usually, de Quervain's syndrome should resolve in a period of six months so the continued symptomatology warrants surgical intervention. The issue now, however, is that the patient is on Coumadin for pulmonary embolization secondary to coagulopathy from the spider bites. To safely perform the surgery, the patient will need to discontinue the Coumadin and be monitored by his pulmonologist. Therefore, it is determined that the proposed de Quervain's radial release of the right wrist is medically necessary.

This decision by the IRO 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) 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 hearing and a **copy of this decision** must be sent to: Chief Clerk of Proceedings/Appeals Clerk, Texas Workers' Compensation Commission, 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 all other parties involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (h), 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 30 th day of May 2004.
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