

NOTICE OF INDEPENDENT REVIEW DECISION

September 9, 2004

Re: IRO Case # M2-04-1578
IRO Certificate # 4599

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 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 TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ 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 TWCC 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 ___ 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 ___ 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. MD reports and medical records 2004
4. Operative report MUA 3/11/04
5. Report MRI of left wrist 5/5/04
6. Report MRI left elbow 5/7/04
7. Report MRI left shoulder 4/23/03
8. Electrodiagnostic testing report 5/27/03
9. D.C. reports and records 2003 -2004

History

The patient is a 58-year-old female who suffered a repetitive motion injury related to working as a seamstress for ten years. She presented to a chiropractor with complaints of pain in the left side of the neck, left shoulder, left arm and left wrist. On 11/25/03 the D.C. diagnosed the patient with shoulder

internal derangement, cervical segmental dysfunction and wrist sprain. Finkelstein's test was positive on the left side. Chiropractic therapy was started with extensive soft tissue rehabilitation. The patient also started taking Celebrex, and was treated by a Board certified pain management specialist and a Board certified physical medicine and rehabilitation physician. The physical medicine and rehabilitation specialist did not document in the records provided for this review wrist pain or extensor tenosynovitis. Therapy was geared toward the neck and shoulder. The patient was eventually referred for orthopedic consultation and underwent shoulder arthroscopic debridement and distal clavicle repair. Because of persistent symptoms at the base of the thumb, an MRI was obtained that revealed severe degenerative arthritis as well as tenosynovitis of the extensor carpi radialis brevis and longus tenosynovitis.

Requested Service(s)

Radl exc burs wrist tend, extensor 25116

Decision

I agree with the carrier's decision to deny the requested surgical procedure.

Rationale

Although the patient's D.C. had diagnosed DeQuervain's synovitis, the records provided do not show adequate documentation of non operative treatment. The records do not show that the patient has received anti-inflammatory medication. The records provided indicate that the rehabilitation and physical therapy was all geared towards the patient's neck and shoulder. The vast majority of patients who do not respond with splinting and anti-inflammatory medication are cured with a steroid injection, which the records do not indicate the patient ever received. Finally, the requested surgical procedure is not the treatment for DeQuervain's tenosynovitis. The appropriate treatment after non surgical measures are exhausted would be a simple first extensor compartment release, which would be a different CPT code from the code requested.

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,

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 13th day of September 2004.