

MDR Tracking Number: M5-05-0276-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 9-20-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The EMG/NCV testing on 7-1-04 was found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003; in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service through in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 18th day of November 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

November 8, 2004

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

Patient:
TWCC #:
MDR Tracking #: M5-05-0276-01
IRO #: 5251

Ziroc has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Ziroc for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

Ziroc has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor board certified and specialized in Neurology. The reviewer is on the TWCC Approved Doctor List (ADL). The Ziroc health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Ziroc for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

___ is a 50-year-old male who fell at work on ___ sustaining an injury to his left wrist. He was seen by Dr. Mycoskie, orthopedist, on 03/23/04. An X-ray at that time showed a severe left wrist fracture. Humerus x-rays were negative. The diagnosis given was displaced distal radius fracture. Dr. Mycoskie recommended surgical intervention and the patient underwent surgery on 03/26/04 by Dr. Mycoskie. The surgery consisted of a closed reduction and external fixation application of a left distal radius fracture. Dr. Mycoskie continued to follow up with him postoperatively and he removed the fixation device on 05/10/04. He saw a chiropractor, Dr. Bahadori, on 05/21/04 and his impression was fracture of the distal radius and ulna on the left. He recommended nerve studies to assess sensory deficits in the left leg. An MRI scan of the left wrist on 06/03/04 is showing a transverse fracture of the distal metaphysis of the radius.

He saw Dr. Benjamin Cunningham on 06/09/04 with the impression of status post closed left distal radius fracture with nonunion of the left distal radius fracture, possible RSD left arm, left arm carpal tunnel syndrome, and left arm scapholunate dissociation. He recommended an EMG

of the upper extremity to evaluate for carpal tunnel syndrome, which may have occurred at the time of the trauma or may be something antecedent. He had a triple-phase bone scan on 06/24/04 showing changes consistent with a subacute fracture.

Dr. Walker performed an EMG nerve study of the left arm on 07/01/04. This was suggestive of a C5 or C6 radiculopathy on the left. There is evidence on nerve testing of conduction blocks in the radial response and the medial nerves above the elbow as well as evidence of carpal tunnel syndrome. Dr. Cunningham reevaluated him on 07/22/04 and felt that he had carpal tunnel syndrome symptomatically with a negative EMG. He recommended referral to a different physician. He had a pain management evaluation by Dr. Atlin on 08/04/04 with an impression of complex regional pain syndrome of the left forearm following his traumatic work injury with neuropathic pain syndrome, moderate reactive depression and myofascial pain syndrome. He recommended medial management for his chronic pain.

Dr. Willis, pain specialist, evaluated him on 08/25/04 and recommended left stellate ganglion blocks. Records were reviewed on 08/31/04 by Dr. Sage, chiropractor, who felt that up to eighteen physical therapy and chiropractic visits would be recommended for this injury. A left shoulder MRI was accomplished on 09/22/04 that showed complete tears of the supraspinatus and infraspinatus tendons with tendon retraction. He had an independent medical examination on 09/14/04 reported by Dr. Ippolito, a plastic surgeon, on 10/11/04. His impression was left wrist fracture with nonunion. He recommended referral to a hand specialist for a second opinion to correct the nonunion. He found no evidence of RSD and said the patient could return to work with restrictions of using the right hand only.

DISPUTED SERVICES

Under dispute is the medical necessity of EMG/NCV testing provided on 7/1/04.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

The reviewer, a Board Certified Neurologist and Fellow of the American Academy of Disability Evaluating Physicians, finds that ___ did sustain a fracture to the left wrist occurring at work on ___. He finds that the EMG nerve study on 07/01/04 was medically necessary as relates to the injury as there were clinical findings of numbness in the left hand and possible carpal tunnel syndrome, which could be traumatic in origin based on the fall inuring the left wrist. The findings of cervical radiculopathy at C5/6 would not be related to his compensable injury. EMG Nerve Studies are standard of care for ruling out peripheral neuropathic processes such as pinched nerves in the neck, the elbow or the wrist. Based on the records reviewed, this study was medically necessary and relates to compensable injury of ___.

Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

As an officer of ZRC Services, Inc, dba Ziroc, I certify that there is no known conflict between the reviewer, Ziroc and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Ziroc is forwarding this finding by US Postal Service to the TWCC.

Sincerely,

Nan Cunningham
President/CEO

CC: Ziroc Medical Director