

Ziroc

A Division of ZRC Services, Inc.

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April 19, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M5-05-1471-01

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 doctor board certified and specialized in upper extremity orthopedics. 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.

RECORDS REVIEWED

1. Medical records from Dr. Philmore Joseph, Humble, Texas.
2. Medical records from Northeast Rehab Center, Humble, Texas.
3. Medical records from Dr. Munaz Ali, Houston, Texas.

CLINICAL HISTORY

The claimant was, at the time of the alleged work-related incident of 11/___/02, employed as a _____ County deputy sheriff. She reportedly injured her right elbow on a stretcher railing in an ambulance while restraining a patient. She did apparently report the injury immediately and was begun on conservative care. No medical records are available until 02/02/04, although the date of injury is listed as 11/26/02. From the records available, _____ sustained a work-related injury. At the time of the initial records available, she was undergoing a trial of conservative treatment with physical therapy and various modalities. She was, at the time of the initial record made available, complaining of medial and lateral right elbow pain. Subsequently, the lateral elbow pain resolved, but she experienced persistent medial elbow pain and ultimately underwent a fasciectomy and tendon lengthening of the common flexor tendon, right elbow, on 11/09/04. Postoperatively she has continued to complain of intermittent discomfort.

DISPUTED SERVICES

Under dispute is the medical necessity of "lack of medical necessity of iontophoresis and ultrasound during a period of 01/27/04 through 03/30/04."

DECISION

The reviewer disagrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

A trial of conservative management for medial and/or lateral epicondylitis is indicated, including physical therapy as well as corticosteroid preparations. This would include either corticosteroid injection or potentially iontophoresis, which is a less invasive form of corticosteroid treatment. Specifically, the reviewer would reference The Journal of American Academy of Orthopedic Surgery, 1994, Volume 2, pages 1-8, Jobe and Ciccotti.

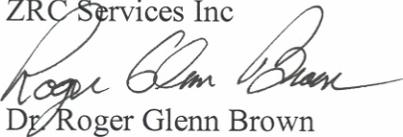
Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy

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 a copy of this finding by facsimile to the TWCC.

Sincerely,

ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO