July 23, 2002

Re: Medical Dispute Resolution
MDR #: M2-02-0722-01
IRO Certificate No.: IRO 5055

TRANSMITTED VIA FAX TO:
Texas Workers' Compensation Commission
Attention: Rosalinda Lopez
Medical Dispute Resolution
Fax: (512) 804-4868

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

THE PHYSICIAN REVIEWER OF YOUR CASE **DISAGREES** WITH THE INSURANCE CARRIER IN THIS CASE AND HAS DETERMINED THAT DEBRIDEMENT OF THE ELBOW WITH PARTIAL OSECTOMY IS INDICATED AND MEDICALLY NECESSARY.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this 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 ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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 twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 July 23, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for ___. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0722-01, in the area of Orthopedic Surgery. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review, and denial.
2. Request for Medical Dispute Resolution, and response.
3. Report of reviewer, ___.
4. Worker's Compensation Insurance claim forms.
5. Multiple office records from ___.

B. SUMMARY OF EVENTS:

The patient injured her left elbow on ___, reportedly lifting cans in her job as a food service worker. She complained of acute pain in her left elbow, and subsequently was treated by ___ for lateral epicondylitis of her left elbow, with relief of her symptoms briefly following an initial injection of the bursa and common extensor origin at the lateral aspect of her left elbow. She experienced recurrent pain, which continued to recur intermittently despite taking the prescribed Vioxx, having a second injection on December 5, 2001 (without relief), and the use of a counter-force brace or pneumatic arm band (a tennis elbow splint). This three-month trial did not relieve her symptoms, and ___ recommended elbow debridement and partial ostectomy; that is, release of the common extensor origin at the lateral aspect of the left elbow, and removal of a small portion of the epicondyle.

C. DECISION:

I AGREE THAT THE TREATMENT RECOMMENDED IN THIS CASE IS MEDICALLY NECESSARY.

D. RATIONALE OR BASIS FOR DECISION:

I disagree with several statements made by the reviewer, ___.

1. I disagree with the statement, "There is clearly inadequate medical evidence to support the request for a surgical intervention as requested by ___."

2. I disagree with her statement that there is an absence of predictable surgical outcomes in this entity (chronic recurrent lateral epicondylitis).

3. I disagree with her statement that the patient's symptoms resolved as a result of rest; therefore, there is no medical basis by which to support the necessity of the proposed surgical intervention.

4. In my opinion, an adequate trial of conservative treatment was carried out by ___: an injection into the lateral epicondylar bursa and extensor origin, the lateral aspect of the left elbow, followed by a second injection approximately two months later when she had recurrence, the use of NSAID's (Vioxx in this case), and a counter-force brace, and was not effective in completely relieving her symptoms after three months, and recurrences have occurred repeatedly since that initial interval period. ___ office notes

describe his findings at subsequent visits up to the present time, and the continued recommendation for a surgical procedure. I agree that this is standard orthopedic practice.

E. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

_____

Date: 18 June 2002