

April 8, 2003

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

MDR Tracking #: M2-03-0673-01
IRO #: 5251

___ 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 ___ 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, 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 with a specialty and board certification in Orthopedic Surgery. The ___ 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 ___ 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 30-year-old right hand dominant truck driver and auto transporter who injured his right elbow on ___. Records indicate that he was chaining down a vehicle when a ratchet slipped, resulting in an injury to his right elbow.

He was diagnosed with traumatic lateral epicondylitis and came under the care of ___, an orthopedic surgeon in ___. An MRI of his right elbow demonstrated a partial tear of the extensor origin of the ECD/ECRB. ___ performed an open lateral release and ostectomy of the lateral epicondyle of the right elbow on January 11, 2002. It is noted that the patient had some pain relief when seen in March of 2002. He returned to work March 27, 2002.

___ has had consistent recurrent flares to his lateral right elbow pain. He has undergone several injections of steroid into the area of tenderness both in early and late June, 2002. Because of persistent right lateral elbow pain, the patient underwent a revision right

elbow lateral release with resection of hypertrophic scar tissue and bursal tissue of the right elbow.

The patient has had EMG/NCV studies of the upper extremities that were negative.

___ returned to work on October 13, 2002, but unfortunately had recurrent pain.

On or about December 12, 2002, ___ came under the care of ___, a hand surgeon at ___ in ___. ___ was complaining of pain in the right elbow with popping and stiffness in the elbow with both flexion and extension. He has had recurrent lateral elbow swelling. This patient was referred for a second opinion by ___.

Clinical findings of December 12, 2002 demonstrated tenderness over the extensor origin or the ECD/ECRB. There is moderate tenderness over the lateral joint with a large thickened plica with popping. Range of motion was from 0 to 145 degrees. The rest of his examination was negative. X-rays were essentially unremarkable. The diagnosis by ___ was post-traumatic lateral synovitis of the right elbow with plica band syndrome. He recommended a right elbow arthroscopy with synovectomy and a lateral gutter debridement and excision of plica.

REQUESTED SERVICE

A right elbow arthroscopy with synovectomy and a lateral gutter debridement and excision of plica is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Though it is noted that further surgery is no guarantee of pain relief, the ___ reviewer finds that ___ does meet the indications for the requested procedures, as delineated by ___. As a reference, ___, has written extensively over the benefits of diagnostic arthroscopy of the elbow, arthroscopic debridement for tennis elbow as well as plica syndrome. The reviewer would also like to reference the recent article in JBJS – January 2003, volume 85-A, .1, page 179, which reiterates Smith’s reported guidelines for arthroscopic tennis elbow release. The right elbow arthroscopy with synovectomy, lateral gutter debridement and excision of plica requested are indicated for this patient.

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

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

____ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

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.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) 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 Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 8th day of April 2003.