

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:
SOAH DOCKET NO. 453-03-3994.M2**

June 25, 2003

Re: Medical Dispute Resolution
MDR #: M2-03-0828-01
IRO#: 5055

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 Neurosurgery.

Clinical History:

This male claimant sustained an injury in a work-related accident on ___ that impacted his left shoulder and left side of his neck.

A brachial plexus scan in August 2002 was normal. An unremarkable CT myelogram demonstrated there were no root avulsions. MRI with spondylosis of the cervical spine did not account for the injuries. In November 2002, the patient had 2+ upper extremity reflexes with minimal atrophy, but atrophy was noted of the left forearm.

On 01/03/03, the patient had absent left biceps reflex, which is the C-6 nerve root, and the brachioradialis had trace, which, again, is the C6-7 nerve root. There was wasting from the deltoid through the entire left upper extremity. On 08/02/02, the patient had 1-2 fibrillation potentials of the left extensor carpi ulnaris, which is the musculocutaneous nerve, and absence of radial sensory nerve function.

On 01/03/03, median motor distal latency was abnormal, and F-wave was prolonged compared to the right side.

Disputed Services:

Neuroplasty Decompression Median/Radial Nerve, Internal Neurolysis Nerve Graft.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the procedures in question are medically necessary in this case.

Rationale for Decision:

The results of testing were all consistent with a nerve injury, and possible in combination that the patient also had a median nerve neuropathy existing, which would allow him to have a double crush injury, having injury to the upper stretched-out brachial plexus. This injury is consistent with a stretch injury of the brachial plexus. A brachial plexopathy can follow a trauma.

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
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 June 25, 2003.