

November 2, 2004

David Martinez  
TWCC Medical Dispute Resolution  
MS-48  
7551 Metro Center Drive, Suite 100  
Austin, TX 78744-1609

Patient:  
TWCC #:  
MDR Tracking #: M2-05-0032-01  
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 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 board certified and specialized in Orthopedic Surgery. 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

The medical records submitted on \_\_\_ suggest that the patient needs a radial nerve decompression to "stop the pain in his shoulder, arm, and neck". Pre-authorization review declined the recommendation for surgery in June and July of 2004. However, the Requesting Physician was not available to discuss with the Reviewing Physician and it was opined there was no clear-cut clinical indication for a radial nerve decompression.

It appears that this patient sustained an injury to his right shoulder when he missed a stepped on his truck, reached out to break his fall twisting his shoulder, resulting in neck, shoulder, and arm pain. Diagnostic work-up revealed a perilabral cyst, and a SLAP lesion, but apparently was initially treated for a separated shoulder. The last clinic note suggested that the patient had surgery for brachial plexus, but Dr. O had asked for more surgery to be done to fully take of the issue. However, that information was not made available. In fact, there are no clinic notes from the surgeon requesting the treatment, and the clinic notes were submitted by initials JHC regarding this patient's injury and treatment for the injury. It appears that the patient is on Bextra and Hydrocodone, and nerve testing revealed that the patient most likely had incidental findings of some ulnar nerve compression, and EMG findings to the entire left upper extremity to suggest

that the patient had a brachial plexus injury that had denervation and then re-innervation without any further neurologic findings. Dr. W performed a Designated Doctor Exam on 9/19/03, who suggested patient did have a stress injury to the shoulder and brachial plexus and recommended the nerve testing to further influence his opinion. He stated in a follow-up letter to the carrier that he was not ready to declare MMI until he had that information. The remaining clinic notes go back in chronologic order to December 2002. There is no information submitted for perusal in this Independent Review from the surgeon, Dr. O, regarding the medical necessity of the proposed surgery of a radial nerve decompression. The Designated Physician Exam from September 2003 did not find any significant radial nerve innervated muscle weakness. In fact, the nerve testing at that time suggested that the brachial plexus injury had resolved with some residual weakness.

#### REQUESTED SERVICE

Right radial nerve decompression is requested for this patient.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

The rationale for the surgery may or may not be indicated, however, one cannot make a decision without updated documentation. There are no clinic notes in the past twelve months to review, and there are no notes from the surgeon himself regarding his findings, indications for surgery, what surgery he had already performed, and what further surgery is needed. One can only speculate, and the only objective documentation is nerve testing from approximately one year ago, which revealed incidental peripheral neuropathy, and EMG findings suggestive of a prior brachial plexus injury that had healed and resolved; this supports the fact that the patient did have the injury and may have some residual deficits. The commentary for this IRO is the inability to clearly outline medical necessity of requested treatment, (based on scrutiny of updated clinical documentation, diagnostic studies, and results of non-operative care). A review of pertinent literature, therefore, is not submitted in regard to this decision, when there is no medical information to decide upon.

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 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,

President/CEO

## YOUR RIGHT TO REQUEST A HEARING

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

**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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
P.O. Box 17787  
Austin, Texas 78744  
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

President/CEO

**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 1<sup>st</sup> day of November, 2004.**

**Signature of Ziroc Representative:**

**Name of Ziroc Representative:**