



Specialty Independent Review Organization, Inc.

March 22, 2005

Hilda Baker
TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-0880-01
IRO #: 5284

Specialty IRO 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 Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty 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.

This case was reviewed by a licensed Medical Doctor who is board certified in Orthopedics. The reviewer is on the TWCC ADL. The Specialty IRO 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 Specialty IRO 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

Mr. ___ is a 48-year-old right-hand dominant male who was working as a truck driver. He was initially injured on ___ while hauling steel manually. A Man on the other end dropped the 20-foot beam while the patient was still holding on. He heard a popping noise and developed pain in the right arm and neck area. He was evaluated with an EMG and an MRI scan. He had continuing complaints including headache in the posterior neck area, spasms of all the digits on the right but primarily the index and long fingers. He had been treated with physical therapy for three months with minimal improvement. He was referred by Dr. William Novelli by Dr. Marcos Masson. Mr. Beenen was seen by Dr. Masson on July 21, 2004, at which time his assessment was that his history was consistent with a probably brachial plexus stretch Injury.

He was treated with an injection at the lateral elbow. The second visit was on September 22, 2004. He was noted to be having constant pain. At that time, operative discussion was undertaken. It was recommended to perform an endoscopic carpal tunnel release and a cubital tunnel release. A final visit on December 27, 2004 was conducted. At that point, it was noted that his surgery had been denied by the insurance carrier; and the patient was returning for reconsideration.

Records Reviewed:

Records for the carrier: letters of 12-22-2004 and 12-3-2004 noted nonauthorization given for requested services; letter of December 15, 2004 from Dr. Masson requesting reconsideration.

Records from Dr. Masson: records from 11-3-2004, 7-22-2004, 7-21-2004; report regarding results of nerve conduction studies from Meyer L. Proler of nerve conduction studies performed on 8-2-2004 on Mr. Beenen; a report of an MRI scan of the right elbow of Mr. Beenen dated 5-28-2004.

Records from the doctor/facility: clinical notes of Dr. Masson from 12-24-2004, 11-3-2004, 10-22-2004 and 7-21-2004.

REQUESTED SERVICE

The items in dispute are the prospective medical necessity of a right wrist endoscopic tunnel release and a right elbow tunnel release.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer states that the clinical symptoms, physical examination, and objective studies including the nerve conduction studies support the performance of either endoscopic carpal tunnel release or decompression of the ulnar nerve at the elbow. There is no objective confirmation of nerve involvement identified on the EMG or the nerve conduction studies. The symptoms are constant in nature and are not consistent with the usual symptoms of aggravation with use of the hand or wakening at night. Decreased sensibility of the distribution of the median nerve and thenar atrophy are advanced signs of this entrapment neuropathy, and no atrophy is noted throughout the clinical examination. The symptoms being constant in nature would imply that if indeed it was due to carpal tunnel it would be of a severe involvement. Further, the clinical history and mechanism of injury that is holding on to the I-beam when it dropped, the occurrence of shoulder pain are all supportive of a brachial plexus injury which would not be improved by decompression of the median nerve at the wrist and ulnar nerve at the elbow.

The records do not show any significant attempt at conservative treatment. Conservative treatment is not necessary in the light of severe carpal tunnel. However, in the presence of severe carpal tunnel, the nerve conduction studies as reported would not be normal. Similar rationalization exists with regards to cubital tunnel or ulnar nerve at the elbow.

References:

3rd Edition of Operative Hand Surgery as edited by David P. Green, under entrapment and compressive neuropathies, Chapter 36, page 1346 and following. One indication for operative intervention of carpal tunnel is the failure to respond to conservative treatment.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

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

Sincerely,

Wendy Perelli, CEO

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 17787, Austin, TX 78744. The fax number is 512-804-4011. 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(u)(2).

Sincerely,

Wendy Perelli, 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 22nd day of March 2005.

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli