

Z iro C

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April 1, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-0952-01

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 x board certified and specialized in x. 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.

RECORDS REVIEWED

1. Notification of IRO assignment
2. TWCC request for review
3. The results of review by Concentra, dated 1/11/05
4. Letter from Debroah A. Womack, Attorney-at-Law, for the Law Offices of Jeffrey Lust, dated 3/4/05
5. Medical records from Dr. E. Dan Udonta, neurologist, dated 12/20/04 and 1/11/05
6. Letter from patient, no date specified

CLINICAL HISTORY

Dr. E. Dan Udonta, neurologist, evaluated patient on 12/20/04 and has followed this patient for a number of years and this is the first report available for the review. The patient is a 58-year-old male who has had a very severe peripheral neuropathy and a past history of very extensive burns. At this visit he was having difficulty ambulating. He had been using special AFO braces for many years and he told Dr. Udonta that his braces were no longer helping his stability. He also has a long history of extensive back pain. He has trouble standing or ambulating for a few minutes, which would trigger a severe back spasm. He also has painful burning and tingling in his legs. He has been taking OxyContin and Neurontin.

Physical examination by Dr. Udonta at this visit showed normal vital signs. His extremities were warm with multiple post-surgical changes and residual of the burns. On neurological examination, his mental status was normal and his cranial nerves were normal. On motor examination, he had profound weakness of the distal muscles of his upper extremities. He graded them as 1 to 2+ out of 5, bilaterally. Weakness was also noted in the proximal muscles of his upper extremities as 3 out of 5, bilaterally. In the lower extremities his proximal lower extremity strength was good at 4 out of 5. Knee flexion and extension was 3 out of 5, bilaterally. However, he had severe weakness in his feet and leg muscles at 1 out of 5. His plantar flexion was 1 out of 5, bilaterally. His reflexes were absent in both upper and lower extremities and his plantar responses were neutral. When he was walking he was unable to ambulate without assistance; he did require his AFO braces just for stabilization to support himself. Dr. Udonta's impression was the claimant had a severe polyneuropathy and a chronic pain syndrome, as well as status post third degree burns. He recommended continued use of combination of Neurontin and OxyContin. He did not believe that the regular wheelchair would be helpful because of his marked weakness of his hands and upper extremities. He recommended that he return for follow-up.

There is a letter from Dr. Udonta to the Texas Department of Insurance in regard to patient, dated 1/11/05. He stated that the claimant was having increasing difficulty ambulating because of severe weakness and impairment of proprioception. He had been using an AFO specialized brace for quite a long time. He felt like the patient should have a motorized wheelchair because of his marked weakness of his hands. He also believed that the AFO special brace should be continued because the patient would still require support when he would be transferred from his motorized wheelchair to the bed, table, or any kind of movement that would require him to be supported. The braces would keep his lower extremities in a more stable position. He recommended that both the wheelchair and the AFO braces be used in this patient's condition.

The patient wrote a letter also to the Insurance Company, but there was no date on the letter. The patient stated that there was a misunderstanding about the kind of braces that were ordered for him. He stated that he was asking for the same braces that he has had for the last six or seven years, which are specialized braces and custom made for his lower extremities.

There is a letter from Concentra, dated 1/11/05, addressed to the patient. The letter stated that the claimant would be denied the renewal of his custom molded articulated AFO braces. The reason that the order was denied was that the ordering physician only ordered a simple brace and did not think that these braces were necessary since the individual could barely walk and had recently been approved for a scooter.

REQUESTED SERVICE

Custom Molded Articulated AFO is requested for this patient.

DECISION

The reviewer disagrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

It is my opinion that this patient clearly has a very severe peripheral neuropathy in both his upper and lower extremities. His diagnosis, according to the records, is that he has a hereditary peripheral neuropathy. The patient has evidence on examination from his neurologist that the strength in his distal lower extremities is 1 out of 5. This is very severe weakness, and is basically inability to move his muscles against gravity. The proximal muscles of his lower extremities appear adequate. The distal muscles of his hands are also very weak at 1 to 2+ out of 5, which is very severe weakness, again, which is just stronger than resistance against gravity. In order for this claimant to be able to stand, to be transferred to a chair, or the bed, or any other structure that he would have to sit, would require the specialized customized AFO braces for his lower extremities, otherwise his legs would buckle and he would be essentially dead weight for anyone who is trying to help him move about. Even though he is a likely candidate for a motorized wheelchair because of his marked weakness and his inability to propel a regular wheelchair, the AFO braces are still necessary to support his legs when he would have to leave the wheelchair and transfer to any other sitting structure. Otherwise, his caregivers would not be able to support his legs when he stands or moves.

Therefore, it is my opinion based on all medical probability that this claimant should have his customized AFO braces renewed, and also should have a motorized wheelchair or scooter for assistance. His neuropathy is predominately distal, and the customized braces and scooter will allow him to still be supported in standing and moving about.

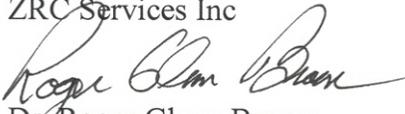
Ziroc has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Ziroc has made no determinations regarding benefits available under the injured employee's policy.

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,

ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO

RGB:dd

cc: Fidelity & Casualty Company
c/o Burns Anderson Jury & Brenner
Attn: Deborah Derrickson
Fax: 512-338-5363

Dan Udonta, MD
Fax: 409-983-5023

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

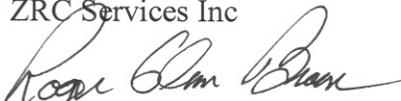
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Name/signature

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 1st day of April, 2005.

Signature of Ziroc Representative:

Sincerely,
ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO

Name of Ziroc Representative: