

Z iro C

A Division of ZRC Services, Inc.

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April 14, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-0966-01

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 orthopaedic 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.

RECORDS REVIEWED

1. Notification of IRO assignment. Two separate nonauthorization notices from Zurich Services Corporation, one dated 12/22/04, and one dated 01/17/05 with corresponding appeal letters from treating physician Jacob Rosenstein, M.D. dated 01/03/05 and 01/10/05
2. Letter from Flahive, Ogden, and Latson, Steven M. Tipton, dated 03/10/05, with the carrier response.
3. Office records from Jacob Rosenstein, M.D., first entry 10/07/02 with the last entry being 01/13/05.
4. EMG and nerve conduction studies report, Roger S. Blair, M.D., dated 07/12/02.
5. Office notes, Bobby D. Smith, D.O., dated 07/18/02.
6. Office notes from David Ray, D.O., beginning 01/27/01 and extending through 10/20/04.

7. Independent medical examination performed by Roby Mize, M.D., 07/30/04.

CLINICAL HISTORY

The aforementioned claimant, ____, was, according to the records submitted, working as a left-handed truck driver for Lattimore Materials. On ____, he was driving a rock truck. He went around a curve, and the trailer turned over causing the truck to lift up and slam back down, throwing him against the seat. He experienced essentially immediate low back pain and within approximately 2 days developed pain in his neck with associated numbness in his hands, as well. He initially consulted Russell Tanner, P.A. and underwent x-rays, which he was told were negative for fracture. He was prescribed anti-inflammatory medications and muscle relaxers. Within 2 days he developed neck pain and sought treatment from Mike Millis, at which point he underwent another examination and cervical x-rays. The cervical MRI scan was ordered at that time, as well. He was referred to Dr. Roger Blair for EMG and nerve conduction studies, which were performed on 07/12/02. They were interpreted as showing right L5 radiculopathy, bilateral carpal tunnel syndrome, and left ulnar entrapment at the elbow. He was referred to Jacob Rosenstein on 09/26/02 and ultimately saw Dr. Rosenstein on 10/07/02. His impression at the time was right lumbar radiculopathy, right L5 by needle EMG study, bilateral carpal tunnel syndrome and left ulnar neuropathy at the elbow by NCV study, left carpal tunnel syndrome and bilateral ulnar neuropathy of the elbow by exam, lumbar facet syndrome, and neck pain; currently the neck is felt to be noncompensable by the insurance carrier. He underwent a trial of conservative management including epidural steroid injections and facet injections by Dr. Rosenstein, and ultimately underwent an L4/L5 posterior lumbar interbody fusion on 08/19/03. He subsequently underwent left carpal tunnel release on 12/23/03 and a right carpal tunnel release on 03/26/04. He apparently continues to experience numbness and tingling in the 4th and 5th digits on the left. There is reference in a note from Dr. Rosenstein on 01/13/05 to an EMG study performed on 11/09/04, which he states showed bilateral carpal tunnel syndrome, bilateral ulnar neuropathy of the wrist, and left ulnar neuropathy of the elbow per NCV studies. There is a left C7 radiculopathy by EMG study. The referenced EMG/NCV studies are not available for my review. Dr. Rosenstein has recommended an ulnar nerve transposition in view of persistent clinical symptoms as well as EMG/NCV study findings.

REQUESTED SERVICE

Left ulnar nerve decompression/transposition is requested for this patient.

DECISION

The reviewer disagrees with the determination of the insurance carrier.

BASIS FOR THE DECISION

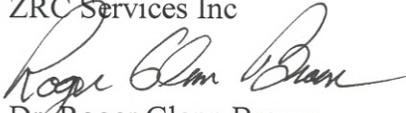
Given the records submitted as well as the reference to the EMG study dated 11/09/04, although not available for my review, the claimant's symptoms remain consistent with ulnar neuropathy at the elbow. The prior nerve conduction studies dated 07/12/02 showed increased polyphasic motor activity in the left abductor digiti minimi, first dorsal interosseus, and flexor carpi ulnaris, all consistent with ulnar neuropathy emanating from the elbow. In view of this, I would concur with Dr. Rosenstein's assessment that an ulnar nerve transposition is indicated. As references, I would cite the Journal of the American Academy of Orthopedic Surgeons, volume 6(5): 282-297, Posner, M., and the Journal of Hand Surgery, 1989; 14: 688-700, Dellon.

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: Jacob Rosenstein, MD
Attn: Cheryl
Fax: 817-465-2775

American Zurich Ins Co C/O F.O.L.
Attn: Kelly Pinson
Fax: 512-867-1733

David Ray, DO
Fax: 940-683-6417

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.

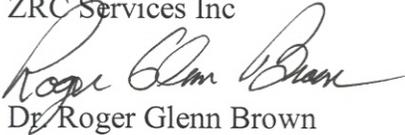
Name/signature

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 14th day of April 2005.

Name and Signature of Ziroc Representative:

Sincerely,

ZRC Services Inc



Dr. Roger Glenn Brown
Chairman & CEO