

# Z iro C

**A Division of ZRC Services, Inc.**

**7626 Parkview Circle**

**Austin, Texas 78731**

Phone: 512-346-5040

Fax: 512-692-2924

April 19, 2005

TWCC Medical Dispute Resolution

Fax: (512) 804-4868

Patient:

TWCC #:

MDR Tracking #:

M2-05-1124-01

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 doctor board certified and specialized in upper extremity orthopedics. 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. Medical records from Concentra, 2400 Medical Center, El Paso, Texas.
2. Medical records from Dr. Brian August, 2022 Murchison, El Paso, Texas.
3. Records from Dr. Michael Didonna, 2022 Murchison, El Paso, Texas.
4. Records from Nick Talarico, D.C., 1201 Airway Blvd., El Paso, Texas.
5. Records from Dr. Jose L. Diaz, 1626 Medical Center Drive, El Paso, Texas.

## **CLINICAL HISTORY**

The claimant \_\_\_ was employed in a clerical position on or about \_\_\_ when she struck the medial aspect of her left elbow on a computer. Since that time she has complained of left elbow and wrist pain. She has undergone 2 separate EMG/NCV studies, both consistent with slowing of the ulnar nerve at the elbow as well as in Guyon's canal at the wrist. She has also undergone an MRI scan of both the elbow and wrist. The MRI scan of the elbow showed evidence of medial epicondylitis, otherwise unremarkable. The MRI scan of the wrist showed evidence of a triangular fibrocartilage complex tear. Following a trial of conservative management, she underwent submuscular transposition of the ulnar nerve and medial epicondylar stripping. This was performed by Dr. Michael Didonna in May 2004. She continued to complain of numbness and tingling predominantly involving the small and ring fingers. She decided in late August 2004 that she desired a change of treating doctor and sought treatment from Nick A. Talarico, D.C., chiropractor. Following a course of chiropractic treatment, she was referred to Dr. Jose Diaz, an orthopedic surgeon. In view of the performance and wrist MRI scan results, Dr. Diaz performed a TFCC repair on 10/12/04. She recovered satisfactorily following this but complained of persistent paresthesias in the ulnar nerve distribution and has been recommended for ulnar nerve decompression in Guyon's canal and flexor carpi ulnaris tenosynovectomy.

## **REQUESTED SERVICE**

Proposed ambulatory surgery care center for left wrist flexor tenosynovectomy and carpal tunnel release is requested for this patient.

## **DECISION**

The reviewer disagrees with the determination of the insurance carrier.

## **BASIS FOR THE DECISION**

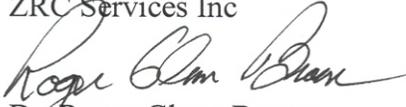
The proposed surgery as outlined in Dr. Diaz's note of 02/23/05 involving an ulnar nerve release in Guyon's canal is medically indicated and necessary. The prior denials involved a misunderstanding involving request for carpal tunnel release, which has previously been performed and questioned the lack of electrodiagnostic findings. The records submitted, however, show 2 separate EMG/NCV studies consistent with ulnar nerve slowing within Guyon's canal. In the face of persistent symptomatology involving the ulnar nerve following satisfactory ulnar nerve transposition at the elbow with the aforementioned electrodiagnostically-proven slowing within Guyon's canal, then the aforementioned surgical intervention would be appropriate. As outlined in *The Wrist Diagnosis and Treatment*, Cooney, Linscheid, and Dobyns, Chapter 45, Volume 2, page 1043, "If there is a sustained measurable loss of sensation or demonstrable motor loss, surgical intervention is advisable and should not be delayed." In addition, a second reference of Kleinert, H.E., Hayes, J.E.; *The Ulnar Tunnel Syndrome, Plastic and Reconstructive Surgery*, Volume 47, pages 21-24, 1971.

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: Argonaut Southwest  
ATTN: Cheryl Stevens  
972-518-0414

Jose Diaz, MD  
915-591-0962

Michael Didonna, MD  
915-534-5220

Nick Talarico, DC  
915-772-0376

### **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

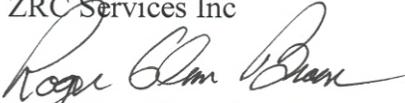
The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 \_\_\_\_\_ day of \_\_\_\_\_, 2005.**

**Name and Signature of Ziroc Representative:**

Sincerely,  
ZRC Services Inc



Dr. Roger Glenn Brown  
Chairman & CEO