MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity
IRO Decision Notification Letter

Date:	**4/20/05**
Injured Employee:	
Address:	
MDR #:	**M2-05-1178-01**
TWCC #:	
MCMC Certification #:	**5294**

REQUESTED SERVICES:
Review the service in dispute regarding Left Cubital Tunnel Release and Intra Muscular Transposition.

DECISION: REVERSED

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 3/10/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The recommendations of the peer reviews should be overturned. The recommended surgery of left cubital tunnel release and intramuscular transposition is medically reasonable and necessary.

CLINICAL HISTORY:
The injured individual is a 35-year-old female with left arm pain, numbness into the ring and little fingers, positive Tinels signs, and positive nerve studies consistent with cubital tunnel syndrome at the left elbow, related to a work injury of repetitive us of her upper extremities.

RATIONALE:
The patient has symptoms, physical examination findings, and two positive nerve studies confirming the diagnosis of cubital tunnel syndrome at the left elbow. The surgery has been recommended by an upper extremity specialist, Dr. Oishi. The Patient's clinical picture, examination, and nerve studies were reviewed by an RME physician, Dr. Swords, who concurs with the surgical recommendation.

The peer reviewer, Dr. Rosenzweig, based his denial on the functional capacity examination, which was ordered by Dr. Sword to determine work status; this test was

not ordered by Dr. Sword to make a surgical decision, nor does Dr. Sword interpret the results as contradicting his recommendation for surgery.

Dr. Rosenzweig questions the patients motives and states that the recommendation for surgery is based on subjective complaints only. This is not true as there are two positive nerve tests, which constitute objective data. Thus, Dr. Rosenzweig's opinion is not well founded and not sufficient to contradict the opinions of Dr. Oishi and Dr. Sword, both of whom have seen and examined the patient.

Dr. Van Hal gives a limited explanation of his denial based on minor differences in the nerve tests and on findings of an old examination by Dr. Chavda. He does not address the more recent and thorough evaluations of Dr. Oishi or Dr. Sword, which carry greater weight.

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 3/10/05
- TWCC MR-117 dated 3/10/05
- TWCC-60
- TWCC-69
- Cambridge Integrated Services Group, Inc: Non-certification letters dated 1/25/05, 2/9/05, 11/4/05
- Diagnostic Testing Services, Inc: Electrodiagnostic Results dated 4/30/04
- Texas Imaging and Diagnostic Center: Electromyography Report dated 11/15/04
- Scott Oishi, MD: letter to Dr. Taylor dated 10/26/04; Office Note dated 12/28/04
- Frank Swords, DO: Evaluation dated 1/10/05
- McConnell Orthopedic Clinic, PA: Request for shoulder arthroscopy and elbow surgery dated 4/1/05

REFERENCE:

The standard criteria for diagnosis, treatment, and surgical indications for cubital tunnel syndrome are contained in standard textbooks, such as Greens Textbook of Hand Surgery.

The reviewing provider is a Boarded Orthopedic Surgeon and certifies that no known conflict of interest exists between the reviewing Orthopedic Surgeon and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

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.

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) days or your receipt of this decision (28Tex.Admin. Code 142.5©.)

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) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)**(2)** or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

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

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

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

20th day of April 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee:_____