



Specialty Independent Review Organization, Inc.

April 22, 2005

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

Patient:
TWCC #:
MDR Tracking #: M2-05-1186-01
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 with a specialty in Neurology. 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

___ has been employed by South West Airlines. She suffered a work related injury on ___ when she developed problems with pain, numbness and tingling in her neck, right shoulder and right upper extremity. She presented to Dr. Pedro Noshnik, a neurologist, on August 19, 2003 with complaints of pain, coldness and numbness in her right upper extremity, with numbness involving predominately the right 4th and 5th fingers. She also noticed that if she raised her right arm and turned her head to the other side she would develop similar symptoms in her right upper extremity. Dr. Noshnik's examination revealed weakness in the right hand grip and a positive Adson's maneuver on the right. There was also decreased sensation in the right 4th and 5th fingers. He performed an EMG and nerve conduction study on the date of the initial visit and these were significant for asymmetric ulnar F-wave latencies with the right being relatively prolonged compared to the left. The remainder of the study was normal. Dr. Noshnik's initial impression was right thoracic outlet syndrome. He recommended treatment with Bextra,

Zanaflex and therapy. He also suggested a right upper extremity Doppler study.

According to the records, there was some delay in getting the Doppler study performed. It was ultimately done on November 24, 2003 and interpreted by Dr. Andres Catz as normal. It was re-interpreted on November 24, 2003 by Dr. James Davidson as abnormal when the patient put her right arm in the position that she used for typing and keyboarding when it was noted that her pressure and wave forms changed. The interpretation then was thought to be consistent with vasogenic thoracic outlet syndrome.

Dr. Noshnik recommended referral to a vascular surgeon, but ___ declined wishing not to have surgery. She continued to receive physical therapy and she also continued to see a chiropractor Dr. Curtis Adams.

She also saw another physician, Dr. Samuel Bierner, at the request of her employer on 10-02-03. Dr. Bierner's specialty is not known, but his impression was right medial and lateral epicondylitis, right median neuritis and myofascial pain syndrome. He recommended a repeat EMG and nerve conduction study of the right upper extremity to be done on 10-31-03, plus occupational hand therapy and restrictions on lifting to no more than 5 pounds and a 10 minute stretch break when typing. He treated her with a Medrol pack and Celebrex and indicated an estimated date of maximum medical improvement of 12-30-03. No further notes were submitted from Dr. Brierner.

___ underwent an IME by Dr. John Sklar a physiatrist on July 19, 2004. Dr. Sklar's impression was chronic pain syndrome involving the right extremity with an ill-defined etiology. He raised the possibility of somatoform pain disorder and felt that she was at MMI as of April 28, 2004 consistent with a date of MMI given by Dr. Tracey Adams.

___ also underwent a neurological IME by Dr. Charles Tuen on 12-17-03. This revealed normal strength, normal range of motion of the right shoulder, no Adson sign, and normal light touch. On prolonged flexion of the right elbow, she complained of right ring and little finger numbness. Reflexes were normal. The impression was mild thoracic outlet syndrome and ulnar nerve dysfunction with intermittent numbness of the right ring and little fingers.

Test results included an MRI of the cervical spine with and without contrast, which was normal. An MRI of the right shoulder on 10-15-02 showed minimal subdeltoid, subacromial bursitis. An MRI of the thoracic spine on 06-16-03 was normal. The aforementioned EMG study, which was said to be scheduled for 10-31-03 was not submitted.

Documents reviewed:

1. Neurological consultation, office progress notes and correspondence, Pedro Noshnik, MD, August 19, 2003 through February 6, 2004.
2. New patient consultation, Samuel Bierner, MD. 10-06-03.
3. Letter addressed to John Sklar, MD from attorney Steven M. Tipton dated June 28, 2004. Please note only pages 1 and 2 are submitted.

4. Impairment rating and correspondence, Tracey Adams, MD April 28, 2004.
5. Consultation and office progress notes Curtis Adams, DC dated January 4, 2003 through September 2, 2003.
6. MMI and impairment rating John Sklar, MD July 19, 2004 plus report October 14, 2004.
7. Case management notes Jackie Cornette, RN Concetra 10-02-03 through 12-17-03.
8. Neurological IME, Charles Tuen, MD December 7, 2003.
9. MRI of the cervical spine and right should, Ortho-Neuro Imaging, October 15, 2002.
10. MRI of the thoracic spine without contrast June 16, 2003.
11. Upper extremity arterial evaluation with interpretations by Adres Katz, MD and James Davidson, MD 11-24-03.
12. Correspondence, Kelly M. Blue, July 14, 2004.
13. Physical therapy report, Vernon Cook, PT 10-28-03.

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a repeat EMG/NCV right upper.

DECISION

The reviewer disagrees with the previous adverse determination.

BASIS FOR THE DECISION

The etiology of ___'s persistent symptoms is uncertain. It has been labeled thoracic outlet syndrome. Initial testing by Dr. Noshnik was significant for subtle asymmetry of the ulnar F-wave latencies. Upper extremity Doppler studies were initially read as normal, but on subsequent review raised the possibility of a vasogenic component to her right upper extremity complaints. As ___ remains symptomatic and as her symptoms have not resolved, it would be reasonable at this point to perform a second look EMG to better determine if there is a neurological etiology of ___'s complaints and to delineate the level and severity of possible dysfunction.

References:

1. American College of Environmental and Occupational Medicine, Occupational Medicine Guidelines, 2nd Edition.
2. American Association of Electrodiagnostic Medicine, Guidelines for Electrodiagnostic Consultation.
3. Randolph Evans, Diagnostic Testing In Neurology.

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 April 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli