IRO America Inc.

An Independent Review Organization
(IRO America Inc. was formerly known as ZRC Services Inc. DBA ZiroC)
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July 8, 2005

TWCC Medical Dispute Resolution
Fax: (512) 804-4868

Patient:	___
TWCC #:	___
MDR Tracking #:	M2-05-1640-01
IRO #:	5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission (TWCC) has assigned this case to IRO America for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America 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; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the TWCC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who 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 IRO America 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

Notification of IRO assignment, information from the Requestor, Respondent, and the Treating Doctor including:

1. Office notes, Dr. Schauder, 10/18/00, 04/27/01, 06/01/01, 06/09/01, 06/29/01, 07/30/01, 09/19/01, 10/17/01, 04/26/02, 05/29/04, 08/09/02, 06/27/03, 09/26/03, 03/12/04, 08/16/04, 08/31/04, 09/08/04, 09/22/04, 11/03/04, 11/22/04, 01/05/05, 03/07/05, 04/06/05
2. Claimant's calls to office, 03/20/02 through 04/16/02
3. EMG study, 08/04/04
4. Office note, Dr. Gabel, 11/15/04, 01/27/05
5. Crawford Company case manager letter, 02/10/05, 03/04/05

6. August Associates file review request, 04/04/05
7. Hand & Wrist Center file review, 04/04/05
8. Office note, Dr. Xeller, 04/25/05
9. Letter to claimant, 05/17/05
10. Letter from Attorney, 05/20/05

CLINICAL HISTORY

The claimant is a 57-year-old female injured ___ with reported bilateral carpal tunnel syndrome from repetitive type accumulative trauma diagnosed via EMG study. She underwent a left carpal tunnel release October 2000, however, maintained that her left hand symptoms never abated. She continued to treat with various conservative treatments over the next two years, while she continued to work at her same data entry job. On 4/26/02 Dr. Schauder noted that he felt the claimant had carpal metacarpal joint arthritis with accompanying DeQuervain's tenosynovitis, as on exam there was decreased range of motion in all planes. There was tenderness over the first dorsal compartment with crepitus at base of the right thumb with motion. The claimants grip strength was decreased bilaterally, with negative Tinel's signs. Dr. Schauder recommended continued conservative treatments of thumb spica splints and medications and an exercise program.

The claimant continued to treat for occasional flare-ups of her bilateral hand symptoms with conservative treatment over the next two years. On 8/31/04 she underwent a right carpal tunnel release for worsening right hand symptoms with injections to the bilateral first dorsal compartments. The claimant noted improvement after the surgery and the injections. On the subsequent office visits the focus of her bilateral hand pain was documented as first dorsal compartment symptoms, with DeQuervain's tenosynovitis. The claimant was referred to a hand specialist Dr. Gabel on 11/15/04. Dr. Gabel also concluded, the current diagnosis was bilateral carpal metacarpal joint arthritis, right greater than left. He recommended a first dorsal compartment release with cortisone injections to the thumb joints at the same time.

The subsequent file review and IME concluded that the carpal metacarpal joint arthritis and accompanying DeQuervain's tenosynovitis was not work related. The work related bilateral carpal tunnel syndrome was treated and resolved; however, the IME physician felt the claimant would benefit from reconstructive thumb joint surgery, although it is not work related.

Apparently the request for the surgery has been denied and the claim is under appeal.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent medical necessity of prospective proposed arthroplasty, interposition inter-carpal/carpal metacarpal joints.

DETERMINATION/DECISION

The Reviewer disagrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The Reviewer's assessment is that the proposed arthroplasty interposition inter-carpal carpal metacarpal joints is a reasonable approach for this patients condition. She has significant and severe carpal metacarpal degenerative joint disease that has not responded to conservative treatment over a reasonable length of time.

Screening Criteria

General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by TWCC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

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

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the TWCC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer

Cc**:** [Claimant]

Zurich American Ins.
Attn: Annette Moffett
Fax: 512-867-1733

Dr. Keith Schavder, MD
Fax: 281-756-8537

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 8th day of July 2005.

Name and Signature of Ziroc Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer