IRO America Inc.

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

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

Patient:	___
TWCC #:	___
MDR Tracking #:	M2-05-1754-01
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 provided by Requestor, Respondent, and Treating Doctor(s) including:

1. MRI cervical spine, 12/02/04
2. Office note, 12/20/04, 03/09/05, 04/01/05
3. NCS, 02/02/05
4. Office note, Dr. Francis, 02/16/05 and 04/12/05
5. Peer review, 02/23/05
6. Physical therapy evaluation, 03/16/05

7. Request for surgery, 04/21/05
8. Appeal for surgery request, 04/28/05
9. ER report, 05/06/05
10. Return to work note, 05/16/05
11. Request for medical dispute, 06/13/05

CLINICAL HISTORY

This patient was reportedly injured in a fall on ___ and developed neck and right shoulder and arm pain. The patient had a history of a cervical anterior and posterior surgery from C3 to C6 approximately three years prior. An MRI on 12/02 /04 showed evidence of fusion from the level of C3 through C7 with associated laminectomies at the same level. The fusion appeared to be intact with no evidence of mobility. There was evidence of mild bulging of the disc at C7-T1, mildly impacting on the thecal sac with no evidence of cord impaction or foraminal extension. A nerve conduction study of the upper extremities revealed findings consistent with a moderate bilateral median neuropathy, most likely localized to the wrist, left ulnar neuropathy, proximal right ulnar neuropathy, and right brachial plexopathy or right C8 and T1 radiculopathy.

An office visit on 04/12/05 noted worsening of symptoms with loss of muscle strength and increased difficulty picking up small objects. The examining physician noted the MRI study showed a large herniated disc at C6-C7 on the right with cord impaction and stenosis at this level, which corresponded with the claimant's symptomatic level a the C7 nerve root. Surgical intervention with a three day in patient stay for revision of the anterior cervical fusion and decompression at C6-7 with re-evaluation of instrumentation was recommended.

DISPUTED SERVICE(S)

Under dispute is the prospective and/or concurrent necessity of Three-day inpatient stay for revision anterior cervical fusion, decompression C6-7 with re-evaluation of instrumentation

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

The Reviewer cannot recommend a three-day inpatient stay as being medically necessary for this claimant. A one-day inpatient stay would be medically necessary. There is nothing in the records that would suggest the patient has any usual medical conditions that would prolong his surgical recovery after an anterior cervical fusion. On a pre-operative and pre-authorization basis, the one-day overnight would be reasonable and appropriate for this surgery. If the claimant developed some post-operative complication, the length of stay would then need to be extended but at least from a pre-authorization standpoint, one day should be adequate for this surgery.

Screening Criteria

1. Specific:

Milliman Care Guidelines, 9th edition, Inpatient Guidelines
Orthopedic Knowledge Update 8, Vaccaro, editor, Chapter 42

2. 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]

William Francis
Attn: Dolores
Fax: 713-383-9376

Ace American Ins. Co.
Attn: Javier Gonzalez
Fax: 512-394-1412

James Davis
Fax: 409-866-0136

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 August, 2005.

Name and Signature of Ziroc Representative:

Sincerely,
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolutions Officer