



7600 Chevy Chase, Suite 400  
Austin, Texas 78752  
Phone: (512) 371-8100  
Fax: (800) 580-3123

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** July 26, 2005

**Requester/ Respondent Address:** TWCC  
Attention: .  
7551 Metro Center Drive, Suite 100, MS-48  
Austin, TX 78744-1609

Gene Couturier, DC  
Fax: 817-429-6021  
Phone: 817-429-6010

Fidelity & Guaranty Ins c/o FOL  
Attn: Katie Foster  
Fax: 512-867-1733  
Phone: 512-435-2266

**RE: Injured Worker:**  
**MDR Tracking #:** M2-05-1941-01  
**IRO Certificate #:** IRO 5242

Forté has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to Forté for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

Forté has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by an Orthopedic Surgeon reviewer (who is board certified in Orthopedic Surgery) who has an ADL certification. The physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Submitted by Requester:**

- Office notes from Dr. Chris Tucker dated 8/21/03
- Texas Arthroscopy Surgery Clinic office notes of Dr. McGrory dated 12/11/03, 12/18/03, 12/23/03, 12/30/03, 1/6/04, 2/5/04, 3/2/04, 6/1/04, 7/27/04, 8/13/04
- Operative note of 12/22/03 with discharge summary of 12/22/03
- Office notes from Texas Bone and Joint Center by Dr. Chavda dated 10/13/04, 12/1/04, 2/4/05
- New Health Clinic office notes of 9/30/04
- Neuroscience Centers left upper extremity EMG study dated 11/16/04
- RME by Dr. John Stasikowski dated 1/17/05

### **Submitted by Respondent:**

- Letter from Flahive, Ogden & Latson dated 7/5/05
- RENY letters to Texas Bone and Joint dated 3/18/05 and 5/16/05

### **Clinical History**

The claimant is a 37 year old male injured on \_\_\_ while working inside a car at The claimant hit his left elbow hard against the inside frame. Neurodiagnostic testing revealed cubital tunnel syndrome. The claimant came under the care of Dr. McGrory. On 12/18/03 Dr. McGrory performed left ulnar nerve submuscular transposition of the elbow and forearm. Post operatively the claimant was followed by Dr. McGrory; however, in view of continued symptoms, the claimant sought additional medical care and change of physicians.

The claimant was apparently initially evaluated by Dr. Chavda at Texas Bone and Joint Center on 10/13/04. The claimant presented with complaints of left arm pain and history of previous surgery left ulnar nerve elbow/forearm. The examination by Dr. Chavda states examination of the left arm showed decreased flexor muscle mass compared to the right arm and positive Tinel's at the elbow. Dr. Chavda's impression at that point was left ulnar nerve tardy palsy status post surgery with continued pain. He recommended a pain management evaluation and treatment. The claimant was additional evaluated by Dr. Chavda on 12/4/04.

Neurodiagnostic testing performed by Dr. Walker at Neuroscience Center on 11/16/04 states under impression "This is an abnormal NCV study due to the slowing of the ulnar nerve as it crosses over the medial epicondyle indicating trauma or entrapment of this nerve at the elbow. The slowing seen in the left median between the left elbow and the wrist indicates trauma or entrapment of the nerve in the forearm. The prolonged sensory latency with stimulation of the left median nerve indicates trauma or entrapment of this nerve at the wrist." The neurodiagnostic testing for the left ulnar nerve is consistent with continued left ulnar nerve entrapment. The ulnar nerve conduction velocity from below elbow to wrist is 59.93 (normal is greater than 53). Left ulnar nerve conduction velocity from above elbow to below elbow is 42.74 (normal is greater than 53).

The claimant was re-evaluated by Dr. Chavda on 12/1/04. Dr. Chavda recommended initial evaluation and treatment with Dr. Aggarwal, a pain management specialist. The claimant underwent 2 stellate ganglion blocks with Dr. Aggarwal. He was re-evaluated by Dr. Chavda on 2/4/05.

In view of continued symptoms, a request for left ulnar nerve decompression and transposition re-do was recommended.

### **Requested Service(s)**

Left tardy ulnar nerve transposition re-do.

### **Decision**

I disagree with the carrier and find that the services in dispute are medically necessary.

### **Rationale/Basis for Decision**

In view of the neurodiagnostic testing performed in November 2004, the claimant does continue to have definitive left ulnar nerve compression. The conduction velocity from below elbow to above elbow is abnormal.

At the present time, the recommended operative procedure would be left ulnar nerve decompression of the elbow/forearm with probable partial medial epicondylectomy.

### **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) 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.

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 patient, the requestor, the insurance carrier, and TWCC via facsimile or U.S. Postal Service from the office of the IRO on this 26<sup>th</sup> day of July 2005.

Signature of IRO Employee:

Printed Name of IRO Employee: Denise Schroeder