

# MEDICAL REVIEW OF TEXAS

[IRO #5259]

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Austin, Texas 78735  
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## NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	_____
MDR Tracking Number:	M2-06-0143-01
Name of Patient:	_____
Name of URA/Payer:	Employers Insurance Co. of Wausau
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Jose Diaz, MD

October 31, 2005

An independent review of the above-referenced case has been completed by a medical physician board certified in orthopedic surgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

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Sincerely,

Michael S. Lifshen, MD  
Medical Director

cc: \_\_\_\_\_  
Jose Diaz, MD  
Division of Workers' Compensation

#### CLINICAL HISTORY

Records submitted for review included:

- Susan Lackey, Liberty Mutual Utilization Review, 6/15/05;
- Cathy Shepard, Liberty Mutual Utilization Review, 9/9/05;
- Jose L. Diaz, MD, 9/23/05 letter requesting dispute resolution and 8/31/05 subsequent medical report;
- Leela Rangaswamy, MD 6/14/05 peer review analysis;
- Texas Imaging Services of El Paso 5/17/05 MRI of the right elbow;
- Clinical Orthopedics and Related Research Number 387 pages 60-67; and
- American Journal of Sports Medicine, Volume 30, Number 3, pages 442-424.

\_\_\_\_ sustained a work related injury in \_\_\_\_\_. The mechanism of injury is not described in the medical records presented for review. However she subsequently had 3 operative procedures performed. On 5/15/04 she underwent a right shoulder acromioplasty. On 8/12/04 she underwent a right wrist tenosynovectomy and carpal tunnel release. On 11/4/04 she had a right elbow surgical procedure performed, presumably for lateral epicondylitis.

Because of ongoing pain in the area of the right elbow a repeat MRI was performed on 5/17/05. It reportedly showed that the high signal area in the common extensor tendon was smaller compared to a previous MRI obtained on 10/21/04. Also noted was a small 4-mm fluid collection.

RE: \_\_\_\_

The patient had been treated in the past with a Medrol Dose Pack and injections. She has ongoing pain related to the lateral aspect of her right elbow.

REQUESTED SERVICE(S)

Right elbow orthotripsy.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Submitted for consideration were two studies to substantiate the use of this procedure. The first study was from "Clinical Orthopedics and Related Research" in 2001 with a 24-week follow up. The second study was reported in the "American Journal of Sports Medicine" in 2002 with a 1-2 year follow up. Both studies were from the same institution in Taiwan. After 2 years only 61.4% of the patients in the long-term studies were pain free. This study, however, did not indicate individual patient variability. That is, it is not reported if any of the patients were worker's compensation or had any other liability claims pending or other cause of secondary gain. Further, successful results were based upon levels of pain, elbow strength and elbow range of motion. All of these measures are somewhat subjective. No pre-procedure and post-procedure MRIs were performed to document any objective evidence of pathology in the area of the lateral epicondyle and the response of the pathology to treatment. It is known that \_\_\_\_'s tendon injury was improved by MRI evaluation performed pre- and post-operatively. There is no documentation that orthotripsy will promote further MRI evidence of healing of a tendon tear. Further, the results reported by private investigators in Taiwan need to be re-produced by others. Independent evaluation is required to confirm the efficacy of this procedure.

In conclusion, concur with the carrier that orthotripsy for lateral epicondylitis of the elbow remains investigational at this time. No evidence has been presented to document that this procedure will lead

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RE: \_\_\_\_\_

to healing of a radiographically visible (on MRI) injury to the extensor origin at the elbow.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that all of the above statements are, to the best of my knowledge and belief, true and correct to the extent they are applicable to this case and my relationships. I understand that a false certification is subject to penalty under applicable law.

1. I had no previous knowledge of this case prior to it being assigned to me for review.
2. I have no business or personal relationship with any of the physicians or other parties who have provided care or advice regarding this case.
3. I do not have admitting privileges or an ownership interest (of 5% or more or \$100,000 or above, whichever is less) in the health care facilities where care was provided or is recommended to be provided. I am not a member of the board or advisor to the board of directors or any of the officers at any of the facilities.
4. I do not have a contract with or an ownership interest (of 5% or more or \$100,000 or above, whichever is less) in the utilization review agent, the insurer, the health maintenance organization, other managed care entity, payer or any other party to this case. I am not a member of the board or advisor to the board of directors or an officer for any of the above referenced entities.
5. I have performed this review without bias for or against the utilization review agent, the insurer, health maintenance organization, other managed care entity, payer or any other party to this case.

I hereby further attest that I remain active in my health care practice and that I am currently licensed, registered, or certified, as applicable, and in good standing.

RE: \_\_\_\_\_

## YOUR RIGHT TO APPEAL

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Chief Clerk of Proceedings  
Division of Workers' Compensation  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party 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 1<sup>st</sup> day of November 2005.

Signature of IRO Employee: \_\_\_\_\_

Printed Name of IRO Employee: Cindy Mitchell