

P-IRO

An Independent Review Organization
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December 6, 2005

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868

Delivered via Fax

Patient / Injured Employee

TDI-DWC #

MDR Tracking #:

M2-06-0274-01

IRO #:

5312

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

P-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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed M.D. board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL). The P-IRO 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 the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carriers health care providers who reviewed the case for decision before 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 The Requestor, Respondent, and Treating Doctor(s), including: Admission note, 06/21/04
Office note, Dr. Reilly, 06/30/05, 08/04/05,
Office note, Ortho (addendum), 07/07/04
Office note, Ortho, 07/21/04, 08/18/04, 10/04/04, 11/03/04, and 12/13/04
EMG, 09/21/04, 01/28/05, 04/06/05, 08/30/05
Office notes, Dr. Ventura, 02/02/05

Office notes, Dr. Duke, 02/07/05, 02/21/05, 03/10/05, 03/24/05, 04/07/05, 04/14/05, 05/16/05, 05/26/05, 06/02/05, 06/23/05, 06/30/05, 09/01/05, 09/22/05, and 10/06/05
Operative report, 05/17/05
Post-op visit, 05/19/05
Psychiatric evaluation, 08/24/05
Intracorp peer review, 09/20/05
letter from Dr. Duke, 10/07/05
Peer review, Dr. Mino, 10/11/05
Intracorp letter of denial, 10/11/05
Independent Medical Evaluation, Dr. McCarty, 11/01/05
Request for URO, 11/02/05

CLINICAL HISTORY

The Patient is a twenty two year old male with a reported left elbow, and right leg injury resulting from a ___ motor vehicle accident. The right leg injured healed without difficulty; however, the left elbow injury did not recover as expected. The Patient underwent an EMG study to the bilateral upper extremities on 09/21/04 that demonstrated mild bilateral carpal tunnel syndrome. The neurologist noted The Patient's clinical presentation was that of ulnar nerve neuritis, that did not show up on EMG study. The Patient continued to complain of left elbow and forth and fifth finger numbness that was worsening, despite conservative treatment.

On 01/28/05 The Patient underwent a second EMG to the left upper extremity; the results were unchanged. The physician recommended a steroid injection to the left elbow. On the subsequent office visits, 02/07/05, 02/21/05, and 03/10/05 The Patient reported that his left elbow and hand symptoms were unchanged; the steroid injection did not provide any sustained relief. The physician recommended a third EMG study, and noted that surgical outcome would be hard to predict in this case; however, the clinical evaluation was that of cubital tunnel syndrome.

The 04/06/05 EMG study to the left upper extremity was noted to be unchanged; the clinical assessment was noted to be ulnar neuritis. On 05/17/05 The Patient underwent a left ulnar nerve transposition; the operative report noted there was inflammation and adhesive tissue over the cubital tunnel. The Patient appeared to have a normal post operative recovery; however, on the 07/21/05 office visit the physician noted that The Patient's objective exam to the left arm was still not normal. There was still numbness over the volar two fingers with reported numbness in the fingers. A forth EMG study was recommended. The 08/30/05 EMG study demonstrated there was moderate left sided ulnar nerve entrapment at the elbow, with mild carpal tunnel syndrome, that was unchanged. On exam there was a positive Tinel's over the left elbow with tenderness and decreased sensation over the incision site. The physician recommended a lysis of the scar tissue based on the clinical exam and 08/30/05 EMG study. The physician noted the 08/30/05 EMG study was worse than the original, and that surgery should be done before there is permanent nerve damage.

Apparently the request for surgery was denied, and the request is under appeal for reconsideration based on the 08/30/05 EMG study and clinical exam findings.

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of Left elbow excision of scar tissue (24101).

DETERMINATION / DECISION

The Reviewer disagrees with the determination of the insurance carrier. The lysis of adhesions and lysis of scar tissue in the area of the ulnar nerve would be reasonable and appropriate.

RATIONALE/BASIS FOR THE DECISION

This is a 22 year-old male who had a significant 18 wheeler accident on _____. The Patient suffered several injuries and had a recent ulnar nerve transposition performed in May 2005. At the time of surgery it was noted that The Patient had a lot of adhered tissue and inflammation over the cubital tunnel along with inflammation of the ulnar nerve. Post-operatively he did well, but continued to have persistent ulnar nerve symptoms and an EMG/NCV of 08/30/05 showed significant left sided ulnar nerve entrapment with persistent compression from scarring. The Reviewer agrees that a lysis of adhesions and lysis of scar tissue in the area of the ulnar nerve would be reasonable and appropriate. This was also the opinion of Dr. McCarty, the recent Independent Medical Evaluation evaluator, who saw The Patient on 11/01/05 and The Reviewer would agree that the excision of scar tissue and neurolysis of the ulnar nerve would be appropriate

Screening Criteria

1. Specific:

ACEOM 2004, chapter 11, page 270

Symptoms must be proved by positive findings on clinical examination and the diagnosis should be supported by nerve-conduction tests before surgery is undertaken

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 DWC 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

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

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

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

Sincerely,
P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer

Cc: Richard L. Duke, M.D.
Attn: Lisa Alvarez
Fax: 432-337-0910

Liberty Mutual Fire Ins/Hammerman & Gainer
Attn: Virginia Cullipher
Fax: 603-334-8064

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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, patient (and/or the patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 6th day of December, 2005.

Name and Signature of P-IRO Representative:

Sincerely,
P-IRO Inc.



Ashton Prejean

President & Chief Resolutions Officer