

MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-0715-01
Name of Patient:	
Name of URA/Payer:	Zurich American Insurance
Name of Provider: (ER, Hospital, or Other Facility)	Neuromuscular Institute of Texas
Name of Physician: (Treating or Requesting)	Richard Wilson, MD

March 9, 2006

An independent review of the above-referenced case has been completed by a medical physician board certified in family practice. 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.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Brad Burdin, Neuromuscular Institute of Texas
Richard Wilson, MD
Division of Workers' Compensation

CLINICAL HISTORY

The following were submitted for review:

- Denial and appeal letters from Zurich Service Corp.;
- TWCC forms;
- Clinical notes from Dr. Richard Wilson, Dr. Wilbur Avant, Dr. Brad Burdin, Dr. Saldana, Dr. Zuflacht, Dr. Westfield, and Dr. Hirsch;
- PPEs by Dr. Kothman;
- Clinical notes from Community Family Medicine Clinic;
- Attorney letter from Charles Finch; and
- Peer review by Dr. Tomsic.

This patient sustained work related injuries on _____. She eventually had surgery for a shoulder injury and bilateral carpal tunnel releases. She was also diagnosed with bilateral cubital tunnel syndrome. Evaluation on her elbow included multiple examinations, x-rays, multiple electrodiagnostic testing and PPEs. Extensive treatment modalities included rest, workplace modification, ice, heat, medications, physical therapy, occupational therapy, chiropractic treatment, and a cortisone injection. She continued to have symptoms despite these treatments.

REQUESTED SERVICE(S)

Right medial epicondylectomy with ulnar nerve release.

DECISION

Approve.

RATIONALE/BASIS FOR DECISION

This patient has a diagnosis of right cubital tunnel syndrome by multiple physicians. Physical exam findings include positive Tinel's sign, tenderness of the right epicondyle, hyperflexion, subluxation, and weakness of the right arm. Objective findings to support the diagnosis

were multiple PPEs showing loss of strength and multiple electrodiagnostic tests showing abnormalities consistent with cubital tunnel syndrome. Exhaustive and appropriate conservative treatments were attempted, documented, and failed. Since her symptoms have persisted, surgical intervention is warranted at this time. This viewpoint is supported by standard of care, reference textbooks, and accepted guidelines. Therefore, the surgery is approved.

References:

National Guideline Clearinghouse, Work Loss Data Institute, Elbow, 2005

Campbell's Operative Orthopedics, Edmondson

Journal of Hand Surgery, Kleinman, 1999

Ulnar Nerve Entrapment, Stern

Wheeless' Textbook of Orthopaedics

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the provider 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 carrier health care providers who reviewed the case for decision before referral to the IRO.

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 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 10th day of March, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell