

MEDICAL REVIEW OF TEXAS

[IRO #5259]

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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1491-01
Name of Patient:	_____
Name of URA/Payer:	Texas Mutual Insurance
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Melinda Garcia, MD

July 21, 2006

An independent review of the above-referenced case has been completed by a 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: _____
Melinda Garcia, MD
Division of Workers' Compensation

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DOCUMENTS REVIEWED

- Roland H. Saenz, MD – a peer review 5/12/06;
- Kenneth Rosenzweig, MD – peer review 4/19/06;
- Melinda Garcia, MD – Evaluation 3/15, 4/5 and 5/2/06;
- Rowena Archibald, MD – Evaluation 12/3/05 and 2/13/06;
- LaTreace E. Giles, RN – Notes from 7/7/06;
- Richard A. Chengson, MD – Evaluation 12/27/05;
- David Muff, MD – Report of x-rays of the left thumb 12/27/05;
- Texas Mutual Notice of Disputed issues and Refusal to Pay Benefits from 2/28/06

CLINICAL HISTORY

On ___ Mr. ___ was unloading steel plates with a forklift. His left thumb got crushed between the forklift and the steel plates. The claimant did have a prior history of a left thumb fracture in 1987 and has had loss of range of motion of the thumb since that time.

After the ___ event the claimant was found to have an abraded thumb and a hematoma. He was initially treated with splinting and local wound care. X-rays of the thumb were reported by the radiologist as showing arthritic changes involving the MP and IP joints. An MRI showed similar changes as well as arthritis of the CMC joint. Melinda Garcia, MD indicated in her medical records that x-rays showed a loose body in the IP joint. The radiologist did not report this finding.

The patient has subsequently been treated with occupational therapy. He has ongoing symptoms related to the IP joint of the left thumb.

REQUESTED SERVICE(S)

Removal of loose body and synovectomy, possible fusion of the interphalangeal joint of the left thumb.

DECISION

Denied.

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RATIONALE/BASIS FOR DECISION

It would be very unusual to have a loose body within the interphalangeal joint of the thumb as a result of this mechanism of injury. The radiologist did not report the presence of a loose body in his review of the radiographic study. On her initial report, Dr. Garcia did not mention a loose body being visible on x-ray. Her subsequent reports, however, indicated that it was present. Based upon the medical records reviewed there is doubt as to what the actual radiographic findings are as related to the presence of a loose body.

In the absence of a loose body within the interphalangeal joint of the thumb, the stiffness and pain related to that joint most likely would be due to the pre-existing arthritic condition of that joint. Appropriate initial treatment other than occupational therapy would include a trial of anti-inflammatory medications and perhaps an injection to the joint. The medical records do not reflect the fact that any of these other conservative modalities have been employed.

In conclusion, there are conflicting reports in the medical records as to the nature of the radiographic findings. In the absence of a loose body being present in the interphalangeal joint of the thumb, this patient has had inadequate conservative treatment of the pre-existing arthritic condition involving that joint prior to considering surgical intervention. If a synovectomy or interphalangeal joint fusion was performed it would be performed to treat the underlying arthritic condition, not the injury produced by the ___ work related event.

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 24th day of July, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell