ZRC MEDICAL RESOLUTIONS INC

September 14, 2006

Re:	**MDR #:**	**M2 06 1807 01**	**Injured Employee:**	**___**
	DWC #:	**___**	**DOI:**	**___**
	IRO Cert. #:	**5340**	**SS#:**	**___**

TRANSMITTED VIA FAX TO:
TDI, Division of Workers' Compensation
Attention: ___
Medical Dispute Resolution
Fax: (512) 804-4868

RESPONDENT: **Service Lloyds**

REQUESTOR: **___**

TREATING DOCTOR: **Thomas Diliberti, MD**

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to ZRC Medical Resolutions for an independent review. ZRC has performed an independent review of the medical records to determine medical necessity. In performing this review, ZRC reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the president of ZRC Medical Resolutions, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization. Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in orthopedic surgery with additional qualifications in hand surgery and is currently listed on the DWC Approved Doctor List.

P.O. Box 855
Sulphur Springs, TX 75483
903.488.2329 * 903.642.0064 (fax)

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation. This decision by ZRC Medical Resolutions, Inc. is deemed to be a DWC decision and order.

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.

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 September 14, 2006.

Sincerely,

jc

Jeff Cunningham, DC
President

ZRC MEDICAL RESOLUTIONS INC

REVIEWER'S REPORT
M2 06 1807 01

MEDICAL INFORMATION REVIEWED:

1. DWC assignment and notification of IRO assignment
2. MDR Resolution Request
3. Insurance company denial letters
4. Requestor's records
5. Carrier's records

BRIEF CLINICAL HISTORY:

The patient has a history of left upper extremity pain and paresthesias. He has had an ulnar nerve transposition and also has been treated for a lateral epicondylitis and symptomatic neuroma over the posterior aspect of the olecranon. He has failed conservative management including a lateral epicondylar injection and neuroma injection. MRI scan showed full thickness pathology.

DISPUTED SERVICES:

Left elbow arthroplasty with lateral release and open neuroma excision has been denied as medically unnecessary.

DECISION:

I DISAGREE WITH THE DETERMINATION MADE BY INSURANCE CARRIER IN THIS CASE.

RATIONALE OR BASIS FOR DECISION:

The requested procedure is medically necessary and reasonable. I reviewed the patient's medical history, and it is quite consistent with severe lateral epicondylitis and a symptomatic neuroma. The insurance companies have denied it, trying to explain how lateral epicondylitis is an extracapsular phenomenon. The physician who made this decision obviously does not understand the pathology of lateral epicondylitis, as many severe cases such as this one many times are intraarticular and can involve lateral ligament insufficiency. Therefore, the arthroscopy portion of the lateral epicondylar release is indicated. In addition, some of the denials have noted that the patient has not had any injections, and this is not true. The medical records support documented injections into the lateral epicondyle as well as the neuroma. The patient has failed conservative management, and clinical experience would classify this patient as a surgical candidate at this point.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

Clinical experience as a fellowship-trained hand surgeon as well as Dr. Green's operative hand surgery text would support this medical decision.