


INDEPENDENT REVIEW INCORPORATED

December 22, 2006

Re: MDR #: M2 07 0430 01 Injured Employee: ___
DWC #: _____ DOI: _____
IRO Cert. #: 5055

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

RESPONDENT: American Home Assurance

TREATING DOCTOR: Frederick Todd, MD

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned this case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI 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 office manager of Independent Review, 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

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reviewed by a physician who is a board certified in physical medicine and rehabilitation and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to all participating parties and the TDI, Division of Workers' Compensation. This decision by Independent Review, 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 December 22, 2006.

Sincerely,

Jeff Cunningham, DC
Office Manager

**REVIEWER'S REPORT
M2 07 0430 01**

MEDICAL INFORMATION REVIEWED:

Records were reviewed from the following physicians: Dr. Dzik, Dr. Myron, Dr. Fields, Dr. Golovko, Dr. Weber, Dr. Dudas, Dr. Couturier, Dr. Bussell, and Dr. Hurschman. More detailed notes were also reviewed from Dr. Wong and Dr. Todd.

BRIEF CLINICAL HISTORY:

The patient apparently had a slip-and-fall injury at work on _____, sustaining a reported injury to her bilateral right elbow and right shoulder. She went on to have rotator cuff repair by Dr. Wong in December 2005. She had EMG testing on 06/07/04 showing a possible C7 or T1 radiculopathy on the right side. She had a second EMG study on 11/29/05 showing a right suprascapular nerve entrapment as well as a double-crush syndrome involving the right ulnar nerve at both the elbow and wrist. It should be noted that none of these diagnoses were supported by the previous electrodiagnostic assessment of 06/07/04.

DISPUTED SERVICES:

Request for EMG/nerve conduction velocity studies of right upper extremity.

DECISION:

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

RATIONALE OR BASIS FOR DECISION:

The symptoms the patient is experiencing are compatible with a possible ulnar neuropathy. The fact that the most recent EMG study found the possibility of entrapment at both the elbow and the wrist, it would be important to re-examine those areas prior to surgical consideration in the event that one or the other resolved, necessitating only one release at the elbow or at the Guyon's canal. It should, however, be noted that the need for this repeat electrodiagnostic testing as it relates to the work event of _____ is in question in my mind. The fact that the first EMG study on 06/07/04 did not show the ulnar neuropathy at the elbow or wrist or the suprascapular nerve entrapment would suggest that these conditions evolved subsequent to the _____ work injury, not as a direct result of that injury.

SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

It is my experience and documentation in medical textbooks and journals that paresthesias into the fourth and fifth fingers may have their origin in an entrapment neuropathy involving the ulnar nerve. Furthermore, it is well known that electrodiagnostic testing is the gold standard for identifying the nature of this pathology.