



November 30, 2006

Re: MDR #: M2 07 0256 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: Federal Insurance Co./Chubb

TREATING DOCTOR: John Parker, DC

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 neurology and is currently listed on the DWC Approved Doctor List.

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

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

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 November 30, 2006.

Sincerely,



Jeff Cunningham, DC
President



REVIEWER'S REPORT
M2 07 0256 01

A. MEDICAL INFORMATION REVIEWED:

Medical records from Samuel Biemer, MD (UTSouthwestern), John Parker, DC and a psychological assesement. Insurance company reviews.

B. BRIEF CLINICAL HISTORY:

31 yo female with morbid obesity, depressive disorder, and multiple upper extremity complaints of pain, who claimed to have suffered an employment-related accident on _____. This consisted of her typing on a computer as she had routinely previously and suddenly feeling numbness and pain in her arms that evening. She later recalled that she had had pain in her thumbs in 2002 and hands earlier in 2003. She had thorough workup and evaluation in 2004 with essentially negative EMG and MRI studies.

C. DISPUTED SERVICES:

Electrodiagnostic studies of the upper extremities

D. DECISION:

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

E. RATIONALE OR BASIS FOR DECISION:

The patient has had a thorough and complete physical medicine and rehabilitation evaluation on May 22, 2006 that outlines the extent or lack thereof of her neuromuscular problems. There is no evidence from a carefully performed neurological examination of consistent findings to support carpal tunnel syndrome. There is evidence by history to support multiple intermittent and migratory pains, which might represent fibromyalgia or may simply represent somatic response to psychological issues, in which the morbid obesity plays a role, either causational or responsive.

Evaluation of the fibromyalgia, unrelated to this insurance determination, might utilize an assay of anti-polymer antibodies. Treatment is complex and multi-factorial. Again, this is not related to the present case and determination or the ____ injury.

Further pursuit of the carpal tunnel syndrome, if it could be demonstrated, should consist of immediate efforts at significant weight loss and possibly corticosteroid injections as suggested by the physical medicine and rehabilitation expert.

Given that the PM and R physician could find no objective evidence in May 2006 of carpal tunnel syndrome, the possible result in 2003 of repetitive stress injury with no persisting physical, EMG or MRI evidence of damage or dysfunction (as of 2004), it is not possible to tie the present state to the ___ reported injury.

Whether the patient has suffered a new injury, work-related or not, or has other illnesses causing symptoms of pain is outside the scope of this determination.

F. SCREENING CRITERIA/TREATMENT GUIDELINES/PUBLICATIONS UTILIZED:

Vender MI, Kasdan ML, Truppa KL: Upper extremity disorders: a literature review to determine work-relatedness. J Hand Surg [Am] 1995 Jul; 20(4): 534-41.