

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-04-5888.M2**

April 29, 2004

Re: MDR #: M2-04-0900-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ 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 Secretary and General Counsel of \_\_\_ 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 any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to 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 Board Certified in Pain Management and is currently listed on the TWCC Approved Doctor List.

**REVIEWER'S REPORT**

**Information Provided for Review:**

Correspondence and designated doctor exam (06/17/02).  
H&P and office notes – 2002 thru 2004.  
Physical therapy notes – 5/29/02 thru 03/25/03.  
Range of Motion testing and Functional Capacity Evaluations – 05/10, 6/12, 06/06, 09/06/02 and 03/13/03.  
Letters of medical necessity (nerve block) 12/05/02, 01/08/03, 01/10/03  
Shoulder arthroscopy, subacromial decompression & debridement of labrum – 06/26/02  
MRI's – left wrist, elbow & shoulder 05/08/02, left shoulder 02/11/03.

**Clinical History:**

This claimant is a 43-year-old woman who was injured in a work-related accident on \_\_\_\_\_. The injury was reported to her supervisor, but no injury report was made. This claimant presented to the offices of the chiropractor on 04/23/02, and a course of conservative management was initiated.

MR imaging of the L. shoulder/L. wrist/L. elbow on 05/08/02 revealed an unremarkable study over the distal left upper quarter (elbow/wrist); MR imaging of the L. shoulder revealed tendinosis of the L. rotator cuff, possible Bankart lesion, and partial tear of the

long head of the biceps tendon. Electrodiagnostics that included a nerve conduction velocity (NCV) revealed left cubital tunnel syndrome and bilateral carpal tunnel syndrome (worse on the right upper quarter), clinical correlation was warranted.

Required medical examination (RME) performed by a chiropractor on 06/17/02 revealed a lack of functional improvement in the claimant's condition and warranted progression to invasive surgical applications over the left shoulder. An M.D. performed a L. shoulder arthroscopy, subacromial decompression, and debridement of the labrum on 06/26/02. This surgeon advised on numerous occasions from 08/20/02 through 02/18/03 on the occurrence of left cubital tunnel syndrome/lateral epicondylitis; recommendations were made for invasive surgical applications. Active range of motion/grip strength reports from 03/13/03 revealed the claimant has continued deficits of motion/strength over the left upper quarter.

**Disputed Services:**

Elbow ulnar nerve revision/release.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the procedure in dispute as stated above is medically necessary in this case.

**Rationale:**

The provider has attempted, in an unsuccessful manner, to treat this claimant's left upper quarter pain complaints in a conservative manner. Reviewed medical records show that as of 03/13/03, the claimant had significant AROM/strength deficits over the left upper quarter following her 06/26/02 surgical repair of the rotator cuff. The 40-50% deficit of motion observed over shoulder flexion and shoulder abduction is significant and quite abnormal, given the fairly routine surgical repair performed nearly 9 months earlier by a surgeon.

The inability of this claimant to thrive in a postoperative therapeutic program over the left upper quarter causes any clinician to review current pain generators. Review of the supplied medical records show that this claimant does have a condition over the left elbow that is in all likelihood inhibiting functional limitation goals over the entire left upper quarter. It is appropriate for this claimant to have the requested surgical application to minimize the claimant's current pain generators and afford her the greatest ability to thrive in a functional rehabilitation program with a return to work (RTW) goal.

The necessity for invasive surgical applications over the left wrist have not been demonstrated in the reviewed medical records.

The aforementioned information has been taken from the following guidelines of clinical practice and/or clinical reviewed references.

- Fields, L D et. al. *Common Elbow Injuries in Sport*. Sports Med 1998 Sep; 26 (3): 193-205.
- Mellor, S. *Treatment of Tennis Elbow: The Evidence*. BMJ 2003 Aug; 327-330.
- *Overview of Implementation of Outcome Assessment Case Management in the Clinical Practice*. Washington State Chiropractic Association; 2001. 54p.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

#### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©)

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission, MS-48  
7551 Metro Center Dr., Ste. 100  
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

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 April 29, 2004

Sincerely,