

IRO America Inc.

An Independent Review Organization

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April 12, 2006

TDI-DWC Medical Dispute Resolution

Fax: (512) 804-4868

Patient: _____

TDI-DWC #: _____

MDR Tracking #: M2-06-0791-01

IRO #: 5251

IRO America Inc. (IRO America) has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI, Division of Workers' Compensation (DWC) has assigned this case to IRO America for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

IRO America has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor; the Reviewer is a credentialed Panel Member of IRO America's Medical Knowledge Panel who is a licensed MD, board certified and specialized in Orthopedic Surgery. The reviewer is on the DWC Approved Doctor List (ADL).

The IRO America Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer 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 carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO Assignment, records from the Requestor, Respondent, and Treating Doctor(s), including:

- Office notes of Dr. Burdin 11/22/04, 11/23/04, 12/01/04, 01/04/05, 02/15/05, 04/21/05, 05/23/05, 07/20/05, 06/20/05, 08/22/05, 09/20/05, 10/20/05, 11/14/05, 12/19/05
- X-rays right wrist 11/23/04
- FCE 01/11/05
- DDE with Dr. Torxler 02/11/05

- DDE, Dr. Troxler letter of clarification 02/11/05
- MRI right wrist 02/14/05
- EMG/NCS, Dr. Janes 02/14/05
- Office note Dr. Westfield 02/17/05
- Office note of Mark Dedmon PAC/ Dr. Lampert 02/17/05, 04/21/05, 05/05/05
- Office note of Dr. Westfield 04/07/05, 06/23/05, 08/15/05
- EMG/NCV 05/20/05
- DDE addendum by Dr. Troxler 05/20/05
- Operative report 08/09/05
- DDE Dr. Troxler: Letter of Clarification 09/20/05
- Review by Dr. Bottoff 12/02/05
- Review by Dr. Calson 12/21/05
- MRI right wrist 12/21/05

CLINICAL HISTORY

The Patient is a 47-year-old right-handed ____ housekeeper who sustained a crush injury to the right forearm and wrist when her hand got caught in a door on _____. In freeing her hand she struck her right elbow against a wall. She initially treated with Dr. Burdin, Chiropractor for contusions to the wrist, forearm and lateral epicondyle. Conservative management consisted of wrist and elbow splints, anti-inflammatories, ultrasound and interferential stimulation. Radiographs of the right wrist and elbow performed on 11/23/04 were within normal limits. Initial physical examination noted negative Tinel's and Phalen's testing with distal radius and ulnar tenderness, as well as lateral elbow tenderness and swelling. The Patient had ongoing complaints of right grip and pinch weakness with progressive paresthesias to the right hand. MRI evaluation of the right wrist done on 02/14/05 noted septated fluid along the volar aspect of the trapezium trapezoid articulation. Electrodiagnostic studies conducted on 02/14/05 demonstrated a normal right upper extremity. A designated doctor's evaluation that included the 02/14/05 diagnostic studies placed The Patient at maximum medical improvement on 02/11/05 with a zero percent impairment rating. Dr. Burdin indicated findings of positive Tinel's and Phalen's testing in the right wrist with subluxation of the ulnar nerve at the right elbow. Repeat electrodiagnostic studies of the bilateral upper extremities completed on 05/20/05 remained within normal limits. The Patient treated with continued medications and three right palmaris longus tendon injections without significant benefit. Due to persistent right elbow pain she underwent a right cubital tunnel release with ulnar nerve transposition on 08/09/05. She noted improvement in the fourth and fifth digit numbness with persistent first, second, and third digit numbness. She continued to have complaints of right wrist pain and weakness. Repeat MRI evaluation was recommended and denied. Dr. Burdin noted radial ulnar joint and carpal joint instability on 09/20/05. A MRI Arthrogram was recommended and denied. A right wrist MRI without contrast was performed on 12/21/05. There were findings of minimal fluid in the distal radioulnar joint with no abnormality in the triangular fibrocartilage complex, scapholunate ligament or lunotriquetral ligament. An MRI Arthrogram is still being recommended.

DISPUTED SERVICE(S)

Under dispute is the prospective, and/or concurrent medical necessity of MR arthrogram of the right wrist.

DETERMINATION/DECISION

The Reviewer agrees with the determination of the insurance company.

RATIONALE/BASIS FOR THE DECISION

It appears from this medical record The Patient injured her right wrist having it caught in a door. There is no documentation in this medical record there was a twisting or weight bearing injury, but in fact this only appeared to be some sort of contusion/bruise. She has undergone multiple diagnostic tests and treatment. She underwent x-rays without any apparent abnormality and underwent a 02/14/05 right wrist MRI that did not describe any bony abnormality or ligamentous abnormality. She has undergone multiple palmaris longus tendon injections and is now under the care of Dr. Burdin, Chiropractor, who believes The Patient has carpal instability and needs an MRA for diagnosis. A careful review of this medical record documents no discussion throughout any of the record of an abnormal x-ray or previous MRI of The Patient's right wrist. The Reviewer understand that an MRA is more accurate to make the diagnosis of an intra-carpal ligament injury, there is no documentation of positive physical findings or other x-ray indication that The Patient has any intra-carpal instability. Plus, the mechanism of injury was not consistent with having an intra-carpal ligament injury. Therefore, MR arthrogram of the right wrist at this time is not medically necessary.

Screening Criteria

1. Specific:

- Orthopaedic Sports Medicine Principles and Practices, Second Edition, DeLee and Drez; Chapter 16, page 585

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

IRO America has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. IRO America has made no determinations regarding benefits available under the injured employee's policy.

As an officer of IRO America Inc., I certify that there is no known conflict between the Reviewer, IRO America and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

IRO America is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer

Cc: _____

Brad Burdin
Attn: Jessica
Fax: 210-690-0399

Hartford Underwriters Ins.
Attn: B Rossman
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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.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or The Patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 12th day of April, 2006.

Name and Signature of IRO America Representative:

Sincerely
IRO America Inc.

Dr. Roger Glenn Brown
President & Chief Resolution Officer