



- **Request for a Review by an Independent Review Organization dated 2/20/07, 2 pages.**
- **Determination Notification Letters dated 1/19/07, 12/29/06, 4 pages.**
- **SOAP Notes dated 2/19/07, 1/17/07, 12/27/06, 12/1/06, 11/17/06, 11/13/06, 10/20/06, 10/18/06, 9/18/06, 8/25/06, 8/24/06, 8/18/06, 8/14/06, 8/8/06, 8/1/06, 7/20/06, 7/19/06, 7/11/06, 6/20/06, 6/16/06, 6/14/06, 6/6/06, 6/1/06, 5/23/06, 5/19/06, 5/9/06, 4/21/06, 4/14/06, 4/12/06, 4/6/06, 3/27/06, 45 pages.**
- **Texas Workers' Compensation Work Status Report dated 2/19/07, 2/5/07, 12/18/06, 10/20/06, 9/12/06, 8/30/06, 8/22/06, 8/14/06, 6/30/06, 6/1/06, 5/17/06, 5/2/06, 3/21/06, 3/17/06, 3/15/06, (unspecified date), 20 pages.**
- **Progress Examination Report dated 8/1/06, 1 page.**
- **First Report of Loss dated, 5 pages.**
- **Initial Examination Report dated 6 pages.**
- **Examination Findings dated 8/16/06, 2 pages.**
- **Impairment Rating/FCE Billing Form dated 8/15/06, 1 page.**
- **Review of Medical History and Physical Exam dated 8/15/06, 4 pages.**
- **Independent Medical Evaluation Report/Letter dated 8/4/06, 5 pages.**
- **Daily Progress/Therapy Notes dated 3/16/07, 3/9/06, 2/26/07, (unspecified dates), (illegible copy), 7 pages.**
- **Report of Medical Evaluation dated 1/16/07, 1/5/07, 8/16/06, 8/15/06, 4 pages.**
- **Workers' Compensation Initial Examination Report dated 5/1/06, 3 pages.**
- **Services Activity Report 5/12/06 through 6/8/06, 2 pages.**
- **Electrodiagnostic Studies dated 1/8/07, 5/17/06, 8 pages.**
- **Recheck Office Visit Report dated 3/21/06, 2 pages.**
- **Examination Report dated, 3 pages.**
- **Memorandum dated 4/24/06, 1 page.**
- **Cover Sheet (unspecified date), 1 page.**
- **Note dated 4/14/06, 1 page.**
- **Request for Taxpayer Identification Number and Certification Form dated 9/19/06 2 pages.**
- **Medical Treatment Summary dated 2/19/07, 6 pages.**
- **Operative Report dated 1/30/07, 3 pages.**
- **Anesthesia Record dated 1/30/07, 1 page.**
- **Discharge Summary dated 1/30/07, 1 page.**
- **Information Request Letter dated 2/6/07, 1 page.**
- **Initial Office Visit dated 1/25/07, 1 page.**
- **Office Visit Note dated 2/5/07, 1 page.**
- **Cover Page Supplemental Information/Review of Medical History/Physical Examination dated 1/5/07 4 pages.**
- **Workers' Compensation Nurse's Chronological List of Submitted Records dated 11/13/06, 2 pages.**
- **Medical Records Review dated 11/10/06, 4 pages.**
- **Functional Capacity Exam Report/Summary dated 8/29/06, 28 pages.**

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

**Age:**

**Gender:** Female

**Mechanism of Injury:** Repetitive trauma to the right upper extremity.

**Diagnoses:** Lesion of ulnar nerve and joint stiffness.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The claimant is a female who was involved in a work injury on. The injury was described as a repetitive trauma injury resulting in a gradual onset of pain in the elbow, shoulder and cervical spine. The claimant also complained of numbness in the right hand. The claimant initially presented to Medical Center on. The claimant was initially diagnosed with a wrist tenosynovitis, provided medication, wrist splints, and placed on modified duty. The claimant underwent a course of physical therapy at three times per week for approximately 12 weeks.

Upper extremity electrodiagnostic studies performed on 5/17/2006 were suggestive of entrapment of the median and radial nerves at the right wrist as well as findings suggestive of C4, C5, C6, C7, and C8 radiculopathy on the right. On 8/4/2006 the claimant underwent a required medical evaluation with Dr. M.D. His determination was that the claimant was developing carpal tunnel syndrome and was in need of a surgical intervention.

On 8/16/2006 the claimant was evaluated by Dr. M.D., physical medicine and rehabilitation specialist. The recommendation was for a work hardening program. On 8/16/2006 the claimant was evaluated by Dr. D.C. The determination was that the claimant was not at maximum medical improvement. The recommendation was for a neuro surgical consultation in addition to MRI studies of the cervical spine and right wrist/elbow "to determine appropriate surgical recommendations."

On 8/29/2006 the claimant underwent a functional capacity evaluation (FCE). The determination was that the claimant was functioning at a sedentary physical demand level. The claimant's job required physical demand level (PDL) of light duty. The recommendation was for a return to work program. This return to work program was denied by peer review.

On 1/8/2007, the claimant was evaluated by Dr. physical medicine and rehabilitation specialist. Upper extremity electromyogram/nerve velocity (EMG/NV) testing was performed that revealed findings consistent with moderately severe right carpal tunnel syndrome. There was no evidence of ulnar nerve entrapment or findings consistent with cervical radiculopathy.

On 1/30/2007, the claimant underwent right endoscopic carpal tunnel release surgery by Dr. M.D. On 2/19/2007 the claimant underwent a physical performance evaluation that resulted in the recommendation for physical therapy at three times per week for 12 sessions followed by a repeat FCE.

The purpose of this review is to determine the medical necessity a total of 10 sessions of work conditioning. The medical necessity for the requested 10 sessions of work conditioning was not established. The request for 10 sessions of work conditioning was based on the 8/29/2006 functional capacity evaluation that suggested the claimant was not able to function at her job required PDL of light duty. This was initially denied by peer review on 12/29/2006. This denial was upheld on appeal on 1/19/2007. This reviewer is in agreement with the recommendations from the previous peer review determinations for non-certification.

On 8/4/2006, the claimant underwent a required medical evaluation with Dr.. He determined that the claimant had developed carpal tunnel syndrome and was in need of surgical intervention. On 8/16/2006, the claimant was evaluated by Dr. who indicated that the claimant was most likely a surgical candidate. At the time of the requested work conditioning, the claimant had undergone an extensive course of physical therapy. Given the claimant's presenting complaints and significant amount of the therapy provided, it is unlikely that 10 additional sessions of work conditioning would provide any significant additional benefit for this claimant, who was clearly a surgical candidate. This was borne out in a review of the subsequent treatment history. The claimant continued to receive therapy that failed to bring about a resolution of her condition. As a result, the claimant developed severe carpal tunnel syndrome requiring surgery. Therefore, given the presenting complaints on the functional capacity evaluation and consistent with the medical evaluation performed by Drs. the medical necessity for 10 sessions of work conditioning was not established.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

[Check any of the following that were used in the course of this review.]

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.
- AHCPR – AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES.
- DWC – DIVISION OF WORKERS' COMPENSATION POLICIES OR GUIDELINES.
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN.
- INTERQUAL CRITERIA.

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS.
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES.
- MILLIMAN CARE GUIDELINES.

**X** ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.
- TEXAS TACADA GUIDELINES.
- TMF SCREENING CRITERIA MANUAL.
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).

**CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider 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 the decision before the referral to CompPartners, Inc.**