

The patient requested that she have a carpal tunnel release, although it was denied. Despite the patient's history, she underwent an MRI on 2/4/05 of her left shoulder. On 5/12/05 she underwent an arthroscopic debridement of her left shoulder for rotator cuff problems. In November 2005, the patient underwent a mild carpal tunnel syndrome exam and it was recommended by Dr. that she have steroid therapy. On January 2006, she was operated on again. The patient's final diagnosis was a tear of her left rotator cuff, left impingement syndrome, superior labral tear, and cervical strain from her initial injury. In January 2007 the patient had a request in for determination for the MMI. She was not able to return to work and subsequently she had been through a work hardening program and a pain management program. Center had since reviewed the patient. The report of medical evaluation from Center was dated from 2/27/07 and the evaluation was dated 4/10/07.

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

THE PREVIOUS REVIEWERS CITED CRITERIA IN BOTH OF THE REPORTS OF MEDICAL EVALUATION. THEY BOTH REFLECT THAT A MILD TO MODERATE CARPAL TUNNEL SYNDROME REQUIRE ALL OF THE FOLLOWING:

- NIGHT PAIN SYMPTOMS
- FLICK SIGN (SHAKING HAND)
- DURKAN'S COMPRESSION TEST
- SEMMES-WEINSTEIN MONOFILAMENT TEST
- PHALEN SIGN
- TINEL'S SIGN
- DECREASED 2-POINT DISCRIMINATION
- MILD THENAR WEAKNESS
- POSITIVE ELECTRODIAGNOSTIC TESTING
- INITIAL CONSERVATIVE TREATMENT INCLUDING:
 1. ACTIVITY MODIFICATION
 2. WRIST SPLINT
 3. NONPRESCRIPTION ANALGESIA
 4. PHYSICAL THERAPY REFERRAL
 5. SUCCESSFUL INITIAL OUTCOME FROM CORTICOSTEROID INJECTION

WHEN THE PATIENT COMPLETED HER MMI, IT DID NOT INCLUDE HER FINAL DIAGNOSIS, WHICH WAS RELATED TO THE INJURY. AS OF 2/22/07, THE PATIENT WAS LEFT WITH A ROTATOR CUFF TEAR, LEFT IMPINGEMENT SYNDROME, LEFT GRADE 1 SUPERIOR LABRAL TEAR, AND CERVICAL STRAIN. THERE WAS NO MENTION AT THAT TIME OF THE CARPAL TUNNEL BEING PART OF HER MMI.

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

- 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**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)**