



Southwestern Forensic  
Associates, Inc.

## REVIEWER'S REPORT

**DATE OF REVIEW:** 04/26/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left endoscopic carpal tunnel release and left open trigger thumb release.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering compressive neural compromise

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This unfortunate female presented with complaints of right hand pain, tingling, and numbness. She had a past history of similar complaints evaluated and treated extensively in 2000. She underwent carpal tunnel release and debridement of a right TFCC tear, flexor carpi radialis tunnel release, and right cubital tunnel release for similar symptoms and physical findings. The patient ascribes her symptoms to repetitive trauma as part of her employment as a . Current evaluations failed to reveal definitive objective evidence of carpal tunnel syndrome, pronator compression syndrome, or triggering of the thumb.

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

The patient reports symptoms which she ascribes to repetitive microtrauma incurred

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during the usual course of her employment as a . Objective physical findings are lacking. The most current EMG fails to document compressive neurological disease. Triggering or locking of the thumb is not documented in the medical records submitted to justify the surgical procedures.

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

*(Check any of the following that were used in the course of your 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.

- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)