



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 12/04/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Endoscopic possible open carpal tunnel release, left

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering carpal tunnel syndrome and other compressive neuropathies

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:

1. TDI Referral
2. URA findings 9-16 to 9-29-09
3. Clinic and Rehab, office notes, 7/16/08 to 10/17/09
4. MD, neurological studies and office notes, 7/24/08 to 3/26/09
5. MD, Office Notes, 8/22/08 to 9/10/09
6. MD, Office Note, 10/3/2008
7. MD, RME and FCE, 2-19-2009
8. MD, Designated Doctor Report, 6/13/09
9. MD, MRI of left wrist, 3/13/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female employee with a history of repetitive microtrauma with a specific date of injury of xx/xx/xx. She has complained of bilateral wrist pain, bilateral hand pain, numbness and tingling, elbow pain, shoulder pain, arm swelling, and other symptoms suggestive of compressive neuropathy, cervical radiculopathy, and possible

thoracic outlet syndrome. She has been evaluated by multiple physicians including D.C., M.D., M.D., M.D., M.D., M.D., and others. She has been evaluated on a number of occasions utilizing EMG/nerve conduction studies and has undergone MRI scans of both wrists. She has been treated repetitively with physical therapy, nonsteroidal anti-inflammatory medications, cock-up wrist splints, and repeated injections into the carpal canal. She has multiple diagnoses including de Quervain's disease, bilateral carpal tunnel syndrome, and cubital tunnel syndrome. After extensive evaluation and treatment, a carpal tunnel release was performed on the right side in August 2009. She apparently has had a beneficial result on the right side. She has persistent symptoms on the left side. EMG and nerve conduction studies have been problematic. She had an initial positive EMG/nerve conduction study on 07/24/08, yielding a diagnosis of bilateral carpal tunnel syndrome, right greater than left. In March 2009 she had a negative EMG/nerve conduction study; however, this study was performed after extensive treatment. She has undergone bilateral MRI scans of the wrists on 03/12/09 with a description of flattening of the median nerves bilaterally. It would appear that this patient has had the diagnosis of carpal tunnel syndrome established. She has received extensive nonoperative treatment including medications, activity modifications, and wrist splinting. She complains of night pain symptoms. It would appear that she is an appropriate candidate for carpal tunnel release on the left side.

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

This patient has a long history of dysesthesia involving both hands. She has had diagnostic studies including history, physical findings, and additional studies compatible with bilateral carpal tunnel syndrome. She has been extensively treated including medications, activity modifications, and carpal canal injections, and has persistent symptoms. It would appear that carpal tunnel release is appropriate and should be approved.

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
- Pressley Reed, The Medical Disability Advisor.