

FORTE

## NOTICE OF INDEPENDENT REVIEW DECISION

**Date:** April 26, 2004

**RE:**

**MDR Tracking #:** M5-04-1948-01

**IRO Certificate #:** 5242

FORTE has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to FORTE for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

FORTE has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a Plastic/Hand Surgery reviewer who is board certified and has an ADL certification. The reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

### **Clinical History**

The patient is a 24 year old female employed as a dental assistant who apparently was exposed to repetitive injury on the job and complained of severe sharp shooting pain to both extremities on 2/17/03. She has been managed by \_\_\_\_\_ that provided care for her condition with a combination of neuro stimulation and ultrasound. The data provided in the records offer symptoms consistent with tendonitis, tenosynovitis described as the sharp shooting pain involving both upper extremities and in addition a workup was reviewed consistent with EMG/NCV studies which were interpreted as "very mild carpal tunnel syndrome". An ultrasound of the wrist was also done which was read as consistent with tendonitis tenosynovitis and finally an MRI of the right and left wrist. These were read with an essentially negative finding.

### **Requested Service(s)**

Neuro stimulation electric shock, electrodes, per pair, ultrasound extremity from 3/29/03 to 7/31/03.

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I agree with the insurance carrier that these services do not appear to be medically necessary.

**Rationale/Basis for Decision**

The rationale for this decision is based on the fact that the patient appears to have an early stage of tendonitis, tenosynovitis with an early form of carpal tunnel syndrome read as very mild carpal tunnel. This condition classically responds very well to the administration of a three week course of non-steroidal anti-inflammatory drugs and also to the injection of Kenalog in the flexor retinaculum. Other modalities have not proven to be effective in resolving this condition. The Guidelines of the American Society of Surgery of the Hand with reference to carpal tunnel were provided in January 1996 and are appropriately supported by an extensive bibliography on carpal tunnel syndrome and its stages and modalities of treatment.