

November 18, 2002

David Martinez
TWCC Medical Dispute Resolution
4000 IH 35 South, MS 48
Austin, TX 78704

MDR Tracking #: M2 03 0191 01
IRO #: 5251

___ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to ___ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor who is board certified in Plastic Surgery with a specialty in hand surgery. The ___ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors 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 the dispute.

CLINICAL HISTORY

The patient is a 46 year old female employed for approximately ten years as a machine operator performing a repetitive type of activity involving both upper extremities. This apparently resulted in an injury in ___, which produced pain and arthralgias involving her neck, shoulders and upper extremities. Several evaluations were performed and a diagnosis of a moderate right carpal tunnel syndrome with a distal motor latency of 4.8 ms (upper normal 4.2 ms) was made in December of 2000. At that time, an EMG nerve conduction study was also performed on the left median nerve and, with a distal motor latency of 3.9 ms, a borderline left carpal tunnel syndrome was diagnosed. The patient eventually underwent a right endoscopic carpal tunnel release in 2002 followed by approximately five months of hand therapy. In the interim, between her initial diagnosis in November of 2000 and her subsequent surgery, the patient received numerous chiropractic treatments (approximately 3 times per week) to her neck and shoulder region. The patient reported that there was no improvement subsequent to these chiropractic treatments and appears to continue to have pain in the operated hand with associated numbness as well. In August of 2002, the patient underwent a permanent

partial disability rating regarding her symptomatology and the right wrist. Because of continued complaints related to her left hand, it is requested that she now undergo a left median nerve decompression. Physical findings to the left wrist are a positive Tinel's sign noted on the rector from ___ on 9/16/2002, a positive Phalen's test that same day, decreased sensation of the left thumb, index and middle fingers on September 16, 2002, parasthesia with compression of the median nerve noted by ___ on July 30, 2002 and two year old EMG studies that demonstrate a borderline left CTS.

REQUESTED SERVICE

The carrier has denied a Left Carpal Tunnel Release.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

In spite of the fact that the patient has denied any definite benefit from the previous right carpal tunnel release, her physical findings are definitely suggestive of a left median nerve compression possibly at the level of the wrist. These findings, however, are not objective but require a subjective response from a patient who has obviously been examined repetitively over a period of at least two years. No mention has been made during any of these physical evaluations of the presence of early thenar muscle wasting or the loss of sweat or oil patterns on the digital pulps of the median innervated digits of the left hand. These latter two findings, however, are usually only seen in more advanced cases of median nerve compression. Therefore, it is recommended that the patient undergo a repeat EMG nerve study of the left upper extremity as the only means of obtaining a somewhat objective evaluation. If the study again demonstrates at least a moderate left CTS then, in conjunction with the given history and clinical symptomatology, a median nerve decompression characterized by not only transaction of the transverse carpal ligament, but also removal of the antebrachial fascia just proximal to the left carpal canal to prevent a more proximal compression, would be surgically indicated.

As an officer of ___, I certify that there is no known conflict between the reviewer, ___ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

___ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 18th day of November 2002