

June 3, 2003

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

MDR Tracking #: M2-03-0946-01  
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.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor with a specialty and board certification in Plastic Surgery/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

This patient is a 47-year-old gentleman with diagnosis of gout, non-insulin dependent diabetes mellitus, and hereditary peripheral neuropathy who has been employed by \_\_\_ since April 26, 1974. His employment description includes loading parts onto a rolling cart from a trailer and distributing them to the assembly line. On \_\_\_, while performing these duties, the brake lever on the cart impacted the lift lever of the trailer, causing the cart to come to an abrupt stop. This produced a hyperextension injury of the right wrist. Conservative treatment was initiated, and the patient was subsequently seen by a hand surgeon. Further review of the patient's history revealed a traumatic hyperextension football injury of the right wrist at the age of 16. Radiographic examination established advanced degenerative joint disease of the right wrist secondary to an old scaphoid fracture.

Because of complaints of paresthesias of the digits of the right hand as well as the left, an EMG nerve conduction study was performed that revealed electrodiagnostic evidence suggestive of bilateral median nerve compression superimposed on a heredity neuropathy at the level of both wrists. The treating hand surgeon diagnosed the patient as having a scapholunate advanced collapse deformity as well as a mild to moderate median nerve compression of the right wrist. Surgery consisting of right wrist arthrodesis and limited incision decompression of the right median nerve was recommended.

Findings:

- 1) Range of motion of the right wrist is limited to 30 degrees with absence of flexion
- 2) Swelling of the right wrist is present with an associated firm dorsal mass
- 3) Decreased sensation of middle and right fingers of the right hand
- 4) Positive Tinel's at the right wrist
- 5) Digital compression at the level of the right carpal canal produces numbness of the median innervated digits
- 6) No thenar atrophy is present
- 7) EMG study indicates no prolongation of the distal motor latency on the right and minimal prolongation on the left
- 8) Distal sensory latency is completely absent on the right and the left is prolonged
- 9) Pertinent radiological findings demonstrate complete obliteration of the radial carpal joint of the right wrist more prominent on the radial aspect. There is also marked spurring of the radial styloid and evidence of a deformed collapsed scaphoid

REQUESTED SERVICE

Carpal Tunnel Release and arthrodesis is requested for this patient.

DECISION

The reviewer disagrees with the prior adverse determination.

BASIS FOR THE DECISION

Basically, this patient has sustained a recent injury superimposed upon degenerative disease of the right wrist secondary to an apparently undiagnosed and untreated scaphoid fracture occurring at the age of 16. According to the history, the patient has been employed at \_\_\_ since the age of approximately 17, and has performed heavy loading type duties with this hand and wrist since that time. Therefore, the degenerative portion of his underlying condition is most likely related to his long-term employment duties, which the recent injury has exacerbated. Conservative treatment in this situation is a total waste of time and money, as the degenerative condition is never going to improve medically, i.e., with oral medication or local steroid injections. Since the patient performs heavy labor, a painless, stable wrist will be necessary for his continued employment. A wrist arthrodesis will achieve this goal. In the face of an underlying peripheral neuropathy as well as diabetes mellitus with manifest median nerve compression symptomatology, a limited incision decompression of the nerve at the right wrist is entirely appropriate. The primary procedure consisting of wrist arthrodesis will produce swelling and inflammation exacerbating the present symptoms and possibly producing permanent nerve damage.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

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,

References:

1. Dick, Harold M: Wrist Arthrodesis. Operative Hand Surgery, Volume 1, Chapter 6, pages 155-165
2. Taleisnik, Julio: The Wrist. Churchill Livingstone, Inc., New York, 1985
3. Plancher, Kevin D: Carpal and Cubital Tunnel Surgery. Hand Clinics, Volume 12, Number 2, May 1996
4. Lichtman, David M: The Wrist and Its Disorders. W.B. Saunders Company, Philadelphia, 1988.

**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 3<sup>rd</sup> day of June 2003.**