

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-4439.M2**

July 11, 2003

MDR Tracking #: M2-03-1357-01  
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 in hand surgery and board certification in plastic 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 35-year-old right-handed female, a former \_\_\_ checker who presented in \_\_\_ of \_\_\_ with a four-month history of nocturnal numbness in both hands, as well as loss of grip strength and bilateral shoulder pain. She was evaluated by a neurologist and a tentative diagnosis of bilateral carpal tunnel syndrome was made. An EMG nerve conduction study was performed in August of 2001, and it revealed a left distal motor latency of 3.6 ms. A left carpal tunnel release was eventually performed in September of 2001 with incomplete resolution of symptomatology. In particular, numbness persisted along the entire left upper extremity. The patient never returned to her employment duties at \_\_\_ and has subsequently been evaluated by a variety of physicians. Specifically, an orthopedic surgeon who made a diagnosis of adhesive capsulitis of the left shoulder. During this period of time, a surveillance of the patient by a private investigator was conducted in order to determine the degree of the patient's incapacity during non-employment, "real-life" daily activities. This surveillance determined that the patient engaged in bowling activities with the right hand and was noted to wear her protective splints only during visits to her neurologist and associated physicians, as well as visits to the insurance office. Subsequently, because of persistent complaints referable to the right hand, a second EMG nerve conduction study of the right upper extremity was performed in December of 2002. This again revealed a distal motor latency of 3.5 ms. of the median nerve. Late in 2002 or early 2003 (document undated) an extensive history review and evaluation of this case was by a Professor of Medicine at the \_\_\_ that raised doubt as to a relationship between the patient's symptomatology and her employment duties. In February of 2003, the patient was evaluated by a plastic surgeon who felt

that she required right carpal tunnel decompression, a possible secondary left carpal tunnel decompression, and a possible left cubital tunnel decompression.

Findings are as follows:

- 1) The patient is 5'7 tall and weighs 295 pounds. BMI is 46, which is classified as morbid obesity.
- 2) On the 2002 EMG nerve conduction study, the right median nerve distal motor latency is 3.5 ms, and the right distal sensory latency is 4.0 ms. Results are essentially unchanged from the 2001 study.
- 3) Positive Tinel's and Phelan's tests are noted in the report.
- 4) No mention is made in the record of the patient's two point discrimination on the digital pulps of either hand. Likewise, no mention has been made as to the presence, absence or degree of sensation within the distribution of the palmer cutaneous branch of the median nerve of either hand.
- 5) No mention is made in the record of a manual compression test of the median nerve at the distal aspect of the carpal canal.
- 6) No mention is made in the record of hidrosis on the distal digital pulps determined by exam with magnification.
- 7) Submitted record reports that the patient has a strong family history of diabetes mellitus.
- 8) Repetitive mention within the record of internal derangement of the left shoulder with a diagnosis of adhesive capsulitis was not borne out by an MRI study performed in February of 2001 that demonstrated an inflammation of the supraspinatus tendon.

#### REQUESTED SERVICE

Right carpal tunnel release is requested for this patient.

#### DECISION

The reviewer agrees with the prior adverse determination.

#### BASIS FOR THE DECISION

- 1) According to two EMG nerve conduction studies, the patient's right distal motor latency has remained at 3.5 ms. Usual upper limits of normal for distal motor latency when measured at 5 cm is 3.7 ms, and when measured at 8 cm is between 4 and 4/5 ms.
- 2) If the basis of the patient's right carpal tunnel compression and concomitant symptomatology is secondary to repetitive motion, then in a case such as this which is electrophysiologically not very severe (3.5 ms), her long-term absence from the provocative employment duties should have improved this condition.
- 3) A documented in-depth clinical evaluation by the treating surgeon was not submitted for review.
- 4) Since one of the contributory causes of median nerve compression within the carpal canal is secondary to tenosynovitis, no mention has been made of a failed response to percutaneous steroid instillation within the canal itself. Especially since this appears to be a mild case from an electrophysiological standpoint.

- 5) It is well known that morbid obesity is a major contributor to median nerve compression within the carpal canal. This must be considered, especially since previous surgery of the left hand, per the record, has only produced marginal improvement.

\_\_\_ 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. Plancher, Kevin D., et. al., Carpal and Cubital Tunnel Surgery. Hand Clinics 12:2, 1996.
2. Kasdan, Morton L., et. al., Occupational Diseases. Hand Clinics 9:2, 1993.
3. Lister, Graham: The Hand, Diagnosis and Indications. Churchill Livingstone, third edition, 1993.
4. Jebson, Peter and Kasdan, Morton: Hand Secrets. Hanley & Belfus, 1998.

### **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).