

October 23, 2003

Re: MDR #: M2-03-1504-01  
IRO Certificate No.: 5055

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_ for an independent review. \_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic Surgery.

**Clinical History:**

This 30-year-old female suffered work-related injury to her bilateral wrists due to repetitive typing. She has remained bilaterally symptomatic in the wrists and hands despite intensive conservative care, with a diagnosis of bilateral carpal tunnel syndrome. Electrodiagnostic studies x 2 (10/01/01 and 04/12/02) have been negative.

On 07/09/03, the patient was still using a night splint and taking Motrin 800 three times a day, Elavil 25 mg at night, and Darvocet-N 100 q. 6h p.r.n. for pain. The prognosis was noted as fair. The patient was on light duty, and remained symptomatic.

**Disputed Services:**

Carpal tunnel release.

**Decision:**

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that carpal tunnel release is medically necessary in this case.

**Rationale:**

The literature (*Essentials of Musculoskeletal Care*) published by the American Academy of Orthopedic Surgeons, regarding surgical treatment, notes that at least 5 percent of people who have carpal tunnel syndrome do not have positive nerve conduction velocities. The literature supports this, with a higher percentage. Therefore, the lack of positivity in the nerve conduction studies does not rule out the presence of carpal tunnel syndrome. The patient has had extensive treatment for 2 ½ years and remains symptomatic. The physical examination is positive for subjective weakness and numbness, a positive Tinel's sign at the wrist bilaterally, positive Phalen's sign, and positive direct pressure sign with pain into the right and left hands in the distribution of the nerve.

Conservative treatment has been exhausted. The objection previously made relative to the lack of response to injection of cortisone into the wrist on 11/08/02, as noted, was rebuffed by the fact that it gave the patient no relief. Carpal tunnel release is indicated in this instance as documented by pertinent physical findings and the failure of conservative treatment.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist

between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

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

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

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

This Decision is deemed received by you **five (5) 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 Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 23, 2003

Sincerely,