

March 19, 2004

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TWCC Medical Dispute Resolution
MS-48
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MDR Tracking #: M2-04-0883-01
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 board certified in plastic surgery and specialized in hand surgery. The reviewer is on the TWCC Approved Doctor List (ADL). 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

___ is a 45-year-old female with a previous history of a right transverse carpal ligament release in 1997. On ___ she sustained a contusion injury to the flexor surface of the wrist and palm.

She was initially treated conservatively with steroids, analgesics and physical therapy. Persistent pain resulted in a referral to an orthopedic surgeon who recommended a repeat right median nerve decompression neurolysis.

A subsequent NC/EMG study demonstrated no distal motor or sensory latency or other evidence of median nerve compression.

This patient has undergone further evaluation by other physicians who are of the opinion that she is not suffering from median nerve compression, but rather a chronic pain syndrome that is pre-morbid reflex sympathetic dystrophy.

Findings are as follows:

- 1) No upper extremity history is documented detailing the status of the right and left upper extremities prior to the ___ injury.
- 2) In none of the physical exams performed is a cross comparison made to the left hand or left upper extremity.
- 3) The patient's orthopedic surgeon reports extreme sensitivity and pain in the region of the right carpal canal (basal palm area) manifested by a tenderness that obviates testing for a phalens or tinel's sign.
- 4) Another physician reports hyperhidrosis in the proximal third of the right palm.
- 5) The physician performing the nerve conduction/EMG study reports there is no sensory deficit of the right hand.
- 6) No muscle atrophy of the right hand is reported.
- 7) No documentation is submitted describing sensation within the distribution of the palmar cutaneous branch of the median nerve.
- 8) Nerve conduction/EMG study does not demonstrate any abnormality of the distal motor or sensory latencies.
- 9) The treating orthopedic surgeon reports an unsuccessful and extremely painful steroid/marcain injection into the right carpal canal.

REQUESTED SERVICE

Carpal tunnel release of the right wrist is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Although median nerve compression can exist in the face of a normal EMG/NC study, this is usually the case in an un-operated hand; however it can also be present in a transverse carpal ligament that has been incompletely divided during a previous surgical procedure. Without clinical history detailing the status of the patient's right hand prior to the work injury it is close to impossible to definitely state that no right median compression exists at this time.

The submitted clinical information, however, does report extreme pain, tenderness and hyperhidrosis of the right palm, and in the area of the previous surgical procedure, This inordinate pain and tenderness has been attributed to a complex pain syndrome (pre-morbid RSD) secondary to the work injury. However, the mechanism of the work injury does not appear to be sufficiently severe to produce this problem unless an underlying pre-existing condition at this time of said injury was present.

The pre-existing conditions to be considered are as follows:

- Incomplete division of the transverse carpal ligament
- Previous transection of the palmar cutaneous ranch
- Anterior displacement of the right median out of the carpal canal with scar adherence to the undersurface of the surgical incision

According to the submitted records, the patient exhibits hyperhidrosis of the right palm and normal vibratory sensation of the digits. These two findings would probably discount division of the palmar cutaneous branch of the median nerve as well as incomplete transection of the transverse carpal ligament.

In view of this patient's extreme sensitivity to performance of a tinell's test as well as tenderness of the palm and previous operative site, one must entertain the possibility of the right median nerve scarred directly to the undersurface of the surgical incision site.

___ 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,