

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

SOAH DOCKET NO. 453-04-6381.M2

May 11, 2004
Amended May 12, 2004

MDR Tracking #: M2-04-1220-01
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

The patient is a 32-year-old female cashier for ___ who had been employed for approximately eleven months when on ___ she sustained a hyperextension injury of the left wrist while scanning a case of soft drinks.

Following the injury, the patient experienced a symptom complex, which was felt to be consistent with median nerve compression at the level of the left carpal canal. Conservative treatment including physical therapy was unsuccessful and following a nerve conduction EMG study, the patient underwent a left open carpal tunnel release on October 2nd.

The patient apparently never fully recovered to return to her regular duties as a cashier, and eventually she began to experience numbness, pain and tingling of the right hand. Independent evaluations have been performed, but no definitive decision has been reached.

Findings are as follows:

- 1) On 12/31/03 an MRI of the left wrist was performed without contrast. Pertinent findings included thickening of the synovium of the flexor tendons with bulging of the retinaculum. It was noted that the inferior aspect of the retinaculum had been released.

- 2) A nerve conduction EMG study performed on 02/09/04 demonstrated a left median nerve distal motor latency of 4.6ms (upper limits of normal is approximately 4.0ms). In addition, a distal sensory latency was recorded at a value of 3.8ms (upper limits of normal for distal sensory latency is 3.5ms).
- 3) All values for the right median nerve were well within normal limits.

REQUESTED SERVICE

Carpal Tunnel Release of the left and right wrists is requested for this patient.

DECISION

The reviewer agrees with the prior adverse determination.

BASIS FOR THE DECISION

Most likely the patient does have flexor tenosynovitis with synovial proliferation of the flexor tendons within the left carpal canal.

Although no operative report was submitted for review, the MRI is suggestive of an incomplete division of the left transverse carpal ligament, even in cases where the entire transverse carpal ligament has been divided, if the antebrachial fascial just proximal to the ligament or retinaculum is not divided, or even better yet, partially windowed and resected, the nerve compression will instead be transferred proximally. This antebrachial fascia can be thickened at the level of the flexor wrist crease just before it undergoes condensation and forms the transverse carpal ligament. This surgical maneuver to the wrist fascia is quite important, especially in situations where synovial proliferation of the flexor tendons is present.

Although lengthy reports have been submitted on this particular patient, most of the physical exams have been cursory at best. Based solely on the submitted nerve conduction EMG study, there appears to be nothing grossly abnormal about the right hand or upper extremity. If indeed the flexor tenosynovitis and synovial proliferation are the underlying etiologies in this particular patient, non-surgical treatment options should be considered before embarking upon further surgical intervention.

___ 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 ___, Inc, dba ___, 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 medical dispute may disagree with all or part of the 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 **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

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 **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

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 11th day of May, 2004.