August 20, 2004

Re: MDR #: M2-04-1485-01
IRO #: 5055

Dear ___

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.

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.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. 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, specializing in Upper Extremity Orthopedic Surgery, and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor: correspondence.
Information provided by Respondent: correspondence.
Information provided by Hand Surgeon: letter of medical necessity, office notes and operative report.
Information provided by General Surgeon: office notes.
Information provided by Spine Surgeon: office notes and nerve conduction study.

Clinical History:
The claimant was, at the time of injury, a 59-year-old right-handed white male who was injured in an on-the-job accident on ___. He apparently initially complained of pain in his neck as well as pain in his wrists. He underwent a long conservative management course including nerve conduction studies performed on 12/6/01, which were consistent with bilateral carpal tunnel syndrome. He ultimately underwent left carpal tunnel repair on 11/19/03. This included microscopic internal neurolysis of the median nerve as well as tenolysis of the flexor tendons. Apparently, postoperatively, his left-sided symptoms improved, but at this point he has persistent symptoms on the right, and the

recommendation is for a similar right-sided procedure. This has apparently been denied by a reviewer and as such is presented to me.

Disputed Services:
Neurolysis of median nerve and possible tenolysis - right side.

Decision:
The reviewer partially agrees with the determination of the insurance carrier and is of the opinion that microscopic internal neurolysis is not medically necessary. However, possible tenolysis at the time of carpal tunnel release (neuroplasty median nerve at carpal tunnel) is medically necessary in this case.

Rationale:
In the opinion of the reviewer, as well as in the peer-reviewed literature, the microscopic internal neurolysis is not indicated. Specifically, Gelberlan et al JBJS 69-A page 896;1987 showed no added benefit from internal neurolysis in the treatment of severe carpal tunnel syndrome. This was confirmed by Lowry et al, *Clinical Orthopaedics*, 227:page 251;1988 in a perspective randomized double-blind control study.

Therefore, the microscopic internal neurolysis is not indicated; however, certainly given the physical findings as well as the electrodiagnostic studies, a carpal tunnel release or neuroplasty median nerve at carpal tunnel, would be indicated. The potential tenolysis of the flexor tendons would be a decision made at the time of surgery pending the physical appearance of the tendons upon inspection of the operative surgeon at the time of carpal tunnel release.

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, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

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 August 20, 2004.

Sincerely,