

March 23, 2005

ATTN:
Texas Workers Compensation Commission
Medical Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100
Austin, TX 78744

Delivered by fax: 512.804.4868

IRO CASE NUMBER: M2-05-1173-01

RE: Independent review for ____
Notice of Determination

Dear Ms. ____:

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 3.10.05
- Notice of Assignments were made on 3.11.05
- The case was assigned to a reviewer on 3.18.05
- The reviewer rendered a determination on 3.20.05
- The Notice of Determination was sent on 3.23.05

The findings of the independent review are as follows:

Summary of Clinical History

Mrs. ____ is a 42-year-old right-handed lady with a left upper extremity work incident on _____. It happened while lifting boxes at her worksite. She developed paresthesias in the left upper extremity with shoulder discomfort as well as numbness and tingling in fingers 2-5. She was evaluated by Dr. Pollock and provided with medications including Bextra and a muscle relaxant. An EMG (electromyogram) nerve conduction study was completed on November 16, 2004 by Dr. Sheryl Weber, M.D. The left median distal sensory latency was prolonged. The ulna and radial were considered normal.

ELECTRODIAGNOSTIC STUDY: There was a very mild, median neuropathy across the left wrist, consistent with carpal tunnel syndrome.

The disposition, in conclusion, was reiterated by Dr. Weber on March 9, 2005. There were 2 injections performed in the left carpal tunnel by Dr. Pollock, which gave "fair to good relief" of pain. The patient has no underlying medical condition that would predispose to carpal tunnel syndrome.

Questions for Review

Is a left Carpal Tunnel Release medically appropriate for this patient?

Determination

The requested procedure is medically necessary, and is approved.

Clinical Rationale

The patient has had apparent adequate trial of non-operative care. With the positive examination of a positive Phalen's and positive Tinel's and reported 2 point discrimination, being slightly increased in the median nerve distribution, as well as a positive electrodiagnostic study for carpal tunnel syndrome, the treatment for this would include carpal tunnel release. This would be considered the next appropriate intervention for the resolution of symptoms and findings reported in these records for review.

Clinical Criteria, Utilization Guidelines or other material referenced

Orthopedic Knowledge Update 7 and Green's Operative Hand Surgery.

The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is a diplomate of the American Board of Orthopedic Surgery, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code §21.58C and the rules of the Texas Workers Compensation Commission. In accordance with the act and the rules, the reviewer is listed on the TWCC's list of approved providers, or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and any of the providers or other parties associated with this case. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

Copies of this determination were faxed and mailed to the insurance carrier or URA, the provider, and the patient.

If our organization can be of any further assistance, please feel free to contact me.

Sincerely,

Meredith Thomas
Administrator

CC: Garry Pollock, MD
FAX: 806.771.3034

American Home Assurance Company
Katie Foster
C/O Falhiv, Ogden & Latson
FAX: 512.867.1733

[Claimant]