

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 March 31, 2005.

Sincerely,

Gilbert Prud'homme
General Counsel

GP/thh

REVIEWER'S REPORT M2-05-1194-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Respondent:

Correspondence

Information provided by Treating Doctor:

Office notes 05/20/04 – 02/24/05

Operative report 07/07/04

Nerve conduction study 05/21/04

Clinical History:

This male patient claimant suffered a work-related injury many years ago. He underwent surgical treatment of a low back injury by Dr. Scott Smith in Midland. The patient presented to the current treating physician with numbness and tingling in both hands, and it was felt that he had a peripheral nerve problem. EMG and nerve conduction studies documented bilateral carpal tunnel syndrome. It was felt that this was separate from his neck condition. The patient underwent a right carpal tunnel release and wrist flexor tenosynovectomy on 7/704. Postoperatively, the patient had complete resolution of his paresthesias initially, and the patient continued to have persistent symptoms on the left. He continued to have physical therapy for his neck problem. The patient evidently did not do well with recurrence of the paresthesias in his right hand and really had a loss of improvement in grip strength. He actually did have initial improvement in his paresthesias. The left hand continued to be symptomatic, and a carpal tunnel release was recommended due to the electrodiagnostic findings. The carpal tunnel surgery was denied as medically unnecessary. Peer reviewers recommended a diagnostic and predictive carpal tunnel injection on the left; however, the patient was not interested in this, and, once again, is requesting carpal tunnel release.

Disputed Services:

Left carpal tunnel release

Decision:

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

Rationale:

This patient does have electrodiagnostically positive carpal tunnel syndrome. There is documentation to show that the patient did respond with an improvement in paresthesias after the right carpal tunnel release. The hand function had not completely returned; however, the reviewer believes this is due to underlying problems in the cervical spine. It is quite reasonable that at the patient's request, as well as the treating physician's request, that left carpal tunnel surgery should proceed with caution. It should not be denied based on the incomplete improvement in the right hand, which is due to medical co-morbidity.

Screening Criteria/Treatment Guidelines/Publications Utilized:

Based on the reviewer's experience as a fellowship-trained hand surgeon, the reviewer believes this is a complicated case; however, medical care should not be denied based on the complexity of this patient's medical co-morbidities.