



PROFESSIONAL ASSOCIATES

NOTICE OF INDEPENDENT REVIEW

NAME OF PATIENT:
IRO CASE NUMBER: M2-05-1857-01
NAME OF REQUESTOR:
NAME OF PROVIDER: Sanjay Sharma, M.D.
REVIEWED BY: Board Eligible in Orthopedic Surgery
Fellowship Trained in Hand Surgery
DATE OF REPORT: 07/22/05

Dear :

Professional Associates has been certified by the Texas Workers' Compensation Commission (TWCC) as an independent review organization (IRO). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC has assigned your case to Professional Associates for an independent review. The reviewing physician selected has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

The independent review was performed by a matched peer with the treating physician. This case was reviewed by a physician reviewer who is Board Eligible in the area of Orthopedic Surgery and Fellowship Trained in Hand Surgery and is currently listed on the TWCC Approved Doctor List.

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I am the Secretary and General Counsel of Professional Associates and I certify that the reviewing physician in this case has certified to our organization that there is no known conflicts of interest that exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for determination prior to referral to the Independent Review Organization.

REVIEWER REPORT

Information Provided for Review:

An evaluation from Chiropractic & Spine Center of Austin from an unknown provider (no name or signature was available) on 10/20/04

Another report from Chiropractic & Spine Center of Austin dated 10/21/04 from C.S. Vaughn (no credentials were provided)

An attending doctor's statement signed by Cynthia Vaughn, D.C. dated 10/25/04, noting a chiropractic adjustment and therapy was provided

Therapy notes from 11/08/04 through 11/25/04 from an unknown provider (no name or signature was available)

A new patient hand examination from an unknown provider (the signature was not provided) on 11/23/04

Office notes from Sanjay Sharma, M.D. dated 11/23/04 and 01/07/05

Additional therapy notes from 12/02/04 through 01/17/05

An electrodiagnostic study of the bilateral upper extremities dated 12/08/04 from Mark Bogar, M.D.

A peer review from N.F. Tsourmas, M.D. dated 12/15/04

A notice of denial of compensability/liability from TML dated 01/04/05

A narrative on the claimant's case performed by Dr. Vaughn dated 01/24/05

Another peer review from Dr. Tsourmas dated 02/02/05

Additional office notes from Dr. Sharma dated 02/04/05 and 03/15/05

A TWCC-24 form (Benefits Dispute Agreement) dated 03/07/05

A preauthorization determination from CorVel dated 03/30/05

Another preauthorization determination from CorVel dated 04/27/05

An office note from Dr. Sharma dated 05/10/05

A letter from Flahive, Ogden, & Latson dated 06/24/05

Clinical History Summarized:

The claimant was evaluated at Chiropractic & Spine Center on 10/20/04. It was noted her bilateral hands had a bluish color to them distal to the PIP and in the thenar eminence. On 10/21/04, she informed the unknown provider her pain was rated at 6-7/10. She had a dull ache and throbbing pain, as well as numbness and tingling in both hands. The recommendations were illegible. On 10/25/04, Dr. Vaughn provided the claimant with chiropractic adjustment and therapy. From 11/08/04 through 01/17/05, the claimant attended therapy. On 11/23/04, an unknown hand specialist evaluated the claimant and diagnosed her with probable bilateral carpal tunnel syndrome. He recommended an MRI. Dr. Sharma evaluated the claimant on 11/23/04 and he ordered electrodiagnostic testing due to the claimant's bilateral numbness and tingling in her hands. It was noted the claimant was a bus operator. An EMG/NCV study on 12/08/04 revealed right worse than left moderate median neuropathies at the wrists. On 12/15/04, Dr. Tsourmas reviewed the claimant's medical records and did not believe the diagnosis of carpal tunnel syndrome was a legitimate workers' compensation diagnosis. He also felt the claimant was capable of gainful employment. On 01/04/05, TML provided a notice of denial of compensability regarding carpal tunnel syndrome and shoulder tendonitis. On 01/07/05, Dr. Sharma reevaluated the claimant and he reviewed the EMG/NCV study. He noted the claimant had been treated with anti-inflammatories and splinting and she was on Interferon for hepatitis. He asked the claimant to return after her therapy. Dr. Vaughn provided a narrative on the claimant's case on 01/24/05 and she felt the claimant definitely sustained a compensable injury as a direct result of her employment. She asked TML to accept the claimant and if not, they would pursue a Benefits Review Conference (BRC). On 02/02/05, Dr. Tsourmas reviewed the letter from Dr. Vaughn. He noted to accept a repetitive stress trauma for bilateral carpal tunnel syndrome and "rotator cuff disease" would be improper. On 02/04/05, Dr. Sharma noted the claimant was in the process of getting her surgery approved for the bilateral carpal tunnel syndrome. He felt the claimant's injury was related to her job as a bus driver and recommended the carpal tunnel releases. On 03/07/05, a Benefits Dispute Agreement noted the parties agreed the claimant did have a compensable injury in the form of bilateral carpal tunnel syndrome on 10/04/04. Dr. Sharma reevaluated the claimant on 03/15/05 and noted they would proceed with an endoscopic carpal tunnel release on the right followed by the left. Surgery was scheduled for 03/30/05. CorVel provided a preauthorization determination on 03/30/05, denying the right carpal tunnel release. On 04/27/05, CorVel provided another preauthorization denying the right carpal tunnel release. On 05/10/05, Dr. Sharma noted a steroid injection for the right carpal tunnel syndrome had been recommended, but he did not perform those. He noted the literature states that performing carpal tunnel injections merely was an indicator that patients would respond favorably for a more definitive operation, i.e. carpal tunnel release. He informed the claimant she would have to seek the injection elsewhere and reiterated the claimant needed the carpal tunnel release. A letter from Flahive, Ogden, & Latson dated 06/24/05 indicated the

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carrier contended the treatments underlying the charges in dispute were for body parts and/or conditions not related to the compensable injury.

Disputed Services:

A right carpal tunnel release

Decision:

I disagree with the insurance carrier as I do believe the proposed right carpal tunnel release would be reasonable and necessary.

Rationale/Basis for Decision:

I agree with the number of physicians who have seen her through and who believe she does have the diagnosis of carpal tunnel syndrome. Dr. Sharma seemed to have performed a very thorough examination of the upper extremity, which revealed a positive Tinel's and Phalen's test. The claimant also had a very positive history for carpal tunnel syndrome, including night waking and night pain. The history and physical examination coupled with the EMG finding of mild carpal tunnel syndrome or mild delay in nerve conduction in the median nerve across the wrist indicates this claimant very likely has the diagnosis of carpal tunnel syndrome. In addition, the claimant had failed conservative treatment, consisting of anti-inflammatory medications and splinting.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with Professional Associates 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/Appeals Clerk **within ten (10) calendar days** of your receipt of this decision (28 Texas Administrative Code 1133.308 (v) (1)).

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If disputing other prospective medical necessity (preauthorized) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk **within twenty (20) calendar days** of your receipt of this decision (28 Texas Administrative Code 148.3).

This decision is deemed received by you **five (5) calendar days** after it was mailed (28 Texas Administrative Code 102.5 (d)). A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P. O. Box 17787
Austin, TX 78744

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's decision was sent to the respondent, the requestor, TWCC and the claimant via facsimile or U.S. Postal Service this day of 07/25/05 from the office of Professional Associates.

Sincerely,

Lisa Christian
Secretary/General Counsel