



CompPartners FINAL REPORT



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0765-01
Social Security #: _____
Treating Provider: John Camp, M.D.
Review: Chart
State: TX
Date Completed: 2/23/06

Review Data:

- Notification of IRO Assignment dated 2/10/06, 1 page.
- Receipt of Request dated 2/10/06, 1 page.
- Medical Dispute Resolution Request/Response dated 1/31/06, 1 page.
- Table of Disputed Services, 1 page.
- Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Forms, 1 page.
- List of Treating Doctors or Health Care Providers dated 2/3/06, 1 page.
- Denial Notification Letters dated 12/29/05, 1/13/06, 4 pages.
- Utilization Peer Review Reports dated 1/13/06, 12/29/05, 3 pages.
- Fax Cover Sheet dated 2/10/06, 1 page.
- Follow-up Visit Report dated 12/13/05, 1/10/06, 10/11/05, 4 pages.
- Texas Worker's Compensation Work Status Report dated 9/21/05, 8/24/05, 8/10/05, 7/29/05, 4 pages.
- Follow-up Visit Note dated 9/21/05, 8/24/05, 8/10/05, 7/29/05, 4 pages.
- Questionnaire Form dated 9/19/05, 1 page.
- Consultation Report dated 8/29/05, 5 pages.
- Job Description Note dated 8/16/05, 1 page.
- Causal Relationship, Work Status Questionnaire Form, 1 page.
- Bilateral Hand Series Report dated 8/1/05, 1 page.
- Treatment Note dated 7/29/05, 1 page.
- Letter of Medical Necessity dated 1/5/06, 1 page.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for neuroplasty and/or transposition: median nerve at carpal tunnel.

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Determination: REVERSED - the previously denied request for neuroplasty and/or transposition: median nerve at carpal tunnel.

Rationale:

Patient's age: 52 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: Turning spoons.

Diagnoses: Bilateral carpal tunnel release, right significant, left mild to moderate, bilateral cubital tunnel syndrome, mild to moderate, left ring finger proximal interphalangeal (PIP) joint arthrosis, right elbow lateral epicondylitis.

The claimant was seen at Kelly Springfield Family Medical Center on 07/29/05, with complaints of right elbow pain. A bilateral hand series was done on 08/01/05. The left hand revealed degenerative arthritic change in the proximal interphalangeal segment of the fourth finger and the right hand was negative. On 08/10/05, the claimant was seen with complaints of bilateral hand numbness in the morning and when driving, as well as wrist pain while working. On examination, there was positive Tinel's and Phalen's. On 08/29/05, the claimant was seen by Dr. Francisco with complaints of pain in the wrists and arms, pain in the bilateral hands, wrists and elbows, and paresthesias intermittently in the bilateral hands. He reportedly had significant symptoms in the left fourth digit and was particularly painful at the PIP joint. On examination, there was a positive Tinel's over the median nerves at the level of the wrists, bilaterally. Tenderness over the right lateral epicondyle and tenderness on resisted right wrist extension was also noted. The electromyogram/nerve conduction velocity (EMG/NCV) studies done on 08/29/05, revealed median neuropathy at the level of the right wrist, consistent with carpal tunnel syndrome with sensory fibers affected and motor fibers relatively spared, findings consistent with ulnar neuropathies at the bilateral elbows and right lateral epicondylitis. The claimant saw Dr. Camp on 10/11/05, with complaints of bilateral hand numbness and tingling with pain, right lateral elbow pain, left ring finger PIP joint pain and stiffness. Treatment up to that point had included Mobic, wrists braces and a tennis elbow strap. On examination, there was a bilateral positive Tinel's at the wrist flexion creases, and positive carpal compression tests. On the right side, there was pain over the lateral epicondyle and a positive chair sign. Tinel's testing was also present at the cubital canals. On 12/13/05, Dr. Camp documented a very positive Tinel's at the wrist flexion crease, and a left carpal tunnel release was recommended. In a letter from Dr. Camp dated 01/05/06, he noted that the claimant had a very positive Tinel's at the wrist flexion crease, and a positive carpal compression test. Treatment had included therapy, anti-inflammatories and wrist bracing, without improvement. On 01/10/06, Dr. Camp noted continued right lateral elbow pain despite therapy, a forearm strap and bracing. On the left side, he continued to have carpal tunnel symptoms with numbness especially into the thumb. On examination, there was a very positive Tinel's at the wrist flexion crease, and thenar atrophy was present. There was also exquisite tenderness over the lateral epicondyle and a very positive chair sign. This reviewer would recommend approval of the neuroplasty and/or transposition of the ulnar nerve, right elbow as medically necessary. According to the records provided, the claimant had electrodiagnostic evidence of cubital tunnel syndrome and had failed conservative treatment consisting of therapy, a forearm strap and bracing. This procedure is reasonable and recognized for this condition. This reviewer would recommend approval of the left carpal tunnel release. The claimant had clinical evidence of carpal tunnel syndrome with a positive Tinel's and Phalen's. His EMG/NCV study was negative, but clinically, he has the disease. He responded

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well to the right carpal tunnel release, and has failed extensive conservative treatment, including medication and bracing on the left.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.

ACOEM Guidelines, 2nd Edition, Chapters 10 and 11.

Physician Reviewers Specialty: Orthopedic Surgeon

Physician Reviewers Qualifications: Texas Licensed M.D. and is also currently listed on the TDI/DWC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

Your Right to Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

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