MEDICAL REVIEW OF TEXAS

[IRO #5259]

10817 W. Hwy. 71 **Austin, Texas 78735**
Phone: 512-288-3300 **FAX: 512-288-3356**

NOTICE OF INDEPENDENT REVIEW DETERMINATION

TDI-WC Case Number:	
MDR Tracking Number:	M2-06-1444-01
Name of Patient:	___
Name of URA/Payer:	Texas Mutual Insurance Company
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician: (Treating or Requesting)	Antonio Ghiselli, MD

June 26, 2006

An independent review of the above-referenced case has been completed by a physician board certified in general and plastic surgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on the Division of Workers' Compensation Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

Michael S. Lifshen, MD
Medical Director

cc: Antonio Ghiselli, MD
Division of Workers' Compensation

DOCUMENTS REVIEWED

Records reviewed included 1)El Paso Orthopaedic Surgery Group documents; 2)Raul Najera, MD; 3) Texas Mutual Insurance.

CLINICAL HISTORY

Ms. ___ was seen several times in the past with right hand, shoulder, and neck pain, with her last evaluation being done by Dr. Terren D. Klein.

On 06/09/03, the diagnosis was made that she had tenosynovitis of the right hand with overuse syndrome, cervical sprain, rotator cuff tendonitis and de Quervain's tendonitis of the right wrist. With this being a working diagnosis with no notice of carpal tunnel at the time, with the patient undergoing EMG's and MRI's, in attempt to prove carpal tunnel, there is no objective evidence of carpal tunnel proven prior to 06/09/03. The patient's last workup was with Dr. Antonio Ghiselli on 02/15/05. Dr. Ghiselli mentioned in his final statement from that visit that, "In summary, I am not sure today why she is having all these symptoms", and that her EMG and nerve conduction velocity was normal. She was given a soft cervical collar for her neck and did not have a working diagnosis of carpal tunnel that day. Dr. Ghiselli saw the patient again on 03/01/05 and her chief complaint was pain in her right arm. Her EMG and nerve conduction tests that were done by Dr. Heitzman were normal. She was then referred to Dr. Helson Pacheco-Serrant. Her initial visit with Dr. Pacheco-Serrant was on 03/03/05. His diagnosis of the patient was cervical disc herniation, radiculopathy and neck pain. It was noted that her EMG, nerve conduction velocity study and bone scans were all normal in the past. Her next visit followed on 03/21/06 with Dr. Ghiselli. Her chief complaint was carpal tunnel on the right side and it was noted that she had a steroid injection in the past, which did not help her. At that point, he gave her a wrist support and began a subjective diagnosis without objective criteria of carpal tunnel. Patient was seen again on 03/28/06. She had conservative therapy for her pain and was wearing a wrist gauntlet and a compression support on her wrist. On 04/06/06, she was still complaining and continued with the diagnosis of still having symptoms in the region of the right hand and wrist as

well as carpal tunnel syndrome. The patient was last seen on 05/18/06 in which she was to have surgery but was unable to because of bureaucratic reasons. It was commented that they apparently needed to prove that this was carpal tunnel syndrome. She was subjectively working with a diagnosis of carpal tunnel with no objective findings.

REQUESTED SERVICE(S)
Right carpal tunnel release.

DECISION
Denied.

RATIONALE/BASIS FOR DECISION
Denial of the carpal tunnel still exists. Since there had been no deterioration and no objective testing, which can be found by any other examiner or on a proven EMG test, Dr. Ghiselli believes that she may still have the carpal tunnel syndrome. It may prove itself in the future but operating on a patient for pain often results in a scar and still having a painful hand.

Despite the patient's extensive medical history in working on her right hand and wrist and having multiple EMG's, there had never been a deterioration or any change in her nerve conduction tests other than being normal. In addition, there has been no x-ray or MRI or EMG finding other than all normal results and no relief determined by splinting or by steroid injection.

The patient has no objective proof of having confirmed carpal tunnel syndrome. It is only stated in Dr. Ghiselli's notes that he did not understand the reasons for her pain. Based on the indications for surgery, there was no clinical note documenting that the patient had no muscle atrophy or no positive electrodiagnostic testing ever done. Under mild or moderate carpal tunnel syndrome, the patient only seems to have night pain. On the physical exam, there have been no Phalen's sign nor Tinel's sign, no decrease 2-point discrimination, Katz hand diagram scores, night pain symptoms, nor any flick sign (shaking hand). There was also no mild thenar weakness except for one time in

the past that it was mentioned of some minor weaknesses. She did wear a wrist splint for greater than a month.

Certification of Independence of Reviewer

As the reviewer of this independent review case, I do hereby certify that I have no known conflicts of interest between the 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 decision before referral to the IRO.

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.

Chief Clerk of Proceedings
Division of Workers' Compensation
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Rule 102.4(h), 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 this 26th day of June, 2006.

Signature of IRO Employee: _____

Printed Name of IRO Employee: Cindy Mitchell