

**October 17, 2005**

October 12, 2005

[Claimant]

**Revised Report**

Re:    **MDR #:**            M2-06-0016-01            **Injured Employee:**    \_\_\_  
      **TWCC#:**            \_\_\_                            **DOI:**                    \_\_\_  
      **IRO Cert. #:**    5055                        **SS#:**                    \_\_\_

**TRANSMITTED VIA FAX TO:**

**TDI, Division of Workers' Compensation Commission**

Attention:

Medical Dispute Resolution

Fax: (512) 804-4868

**REQUESTOR:**

Kenneth G. Berliner, MD

Attention: Brenda Gonzalez

Fax: (281) 875-3285

**RESPONDENT:**

Ace American Ins Co/ESIS

Attention: Shelley Smith

Fax: (972) 465-7964

Dear Mr. \_\_\_:

In accordance with the requirement for DWC to randomly assign cases to IROs, DWC assigned your case to IRI for an independent review. IRI has performed an independent review of the medical records to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him 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 Independent Review Organization.** Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is a board certified in Orthopedic Surgery and is currently listed on the DWC Approved Doctor List.

We are simultaneously forwarding copies of this report to the payor and the TDI, Division of Workers' Compensation Commission. This decision by Independent Review, Inc. is deemed to be a Commission decision and order.

## 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.

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 October 12, 2005.

Sincerely,

Gilbert Prud'homme  
General Counsel

GP/dd

### REVIEWER'S REPORT M2-06-0016-01

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#### Information Provided for Review:

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

From Requestor:

Office Notes 12/14/04 – 07/19/05

Range of Motion 05/17/05

EMG Study 12/07/04 – 07/14/05

From Respondent:

Correspondence

Designated Reviews

Chiropractor:

Office Notes 05/13/05 – 07/14/05

#### Clinical History:

This claimant, initially presented in \_\_\_ with complaints of numbness and tingling bilaterally, right greater than left as well as bilateral wrist pain. He was employed as a customer service representative by \_\_\_\_\_, which apparently necessitated significant computer use and typing. The majority of his treatment was rendered in El Paso. He underwent EMG and nerve conduction studies via Michael K. Boone, M.D. on 12/7/04 which were interpreted as showing possible evidence of a median neuropathy, but questionable more of a peripheral sensory neuropathy and a recommendation for EMG of the lower extremities. These were not performed. The claimant underwent a trial of conservative management under the care of several physicians including splinting and oral antiinflammatory medications. A repeat nerve conduction study was performed by Michael Mrochek on 7/14/05 and interpreted as showing mild right median neuropathy. Apparently, he subsequently relocated to the Houston area and had come under the care of Dr. Berliner who recommended carpal tunnel releases and ganglion cyst excision.

**Disputed Services:**

Excision right dorsal ganglion and carpal tunnel release right.

**Decision:**

The reviewer partially agrees with the determination of the insurance carrier in this case.

**Rationale:**

I agree that the ganglion cyst was not medically necessary. (1) Has not definitively been determined to be the source of the wrist pain and (2) is unlikely directly related to the repetitive typing associated with the customer service representative position. I disagree with the denial of the carpal tunnel release and is medically necessary in this case. The specific criteria listed in the Intracorp denial dated 8/4/05 regarding carpal tunnel surgery states "failure of 12 weeks of conservative therapy, which must include all of the following except steroid injections: nonsteroidal antiinflammatory agents, splinting, steroid injections, activity modification (both work and non-work), physical therapy or chiropractic care that has included some form of active rehabilitation, and confirmation via EMG (median nerve conduction impaired at the wrist: median sensory nerve conduction at wrist greater than 3.4, or median motor nerve conduction greater than 4.0 milliseconds with median motor nerve velocity at the forearm greater than 45 milliseconds).

This claimant has undergone over 6 months of conservative treatment, including nonsteroidal antiinflammatory agents, splinting, activity modification both work and non-work, and physical and chiropractic therapy. The most recent nerve conduction study performed by Dr. Mrochek on 7/14/05 shows a median sensory conduction at the wrist on the right of 3.36, which is equivalent to 3.4 and certainly within the margin of error. Median motor velocity in the forearm was 58 milliseconds.

**SCREENING CRITERIA, TREATMENT GUIDELINES, PUBLICATIONS UTILIZED**

JC Stephens-Muscle Nerve, V.10:99-113, 1987 *Electrodiagnosis of Carpal Tunnel Syndrome*.