



Specialty Independent Review Organization, Inc.

November 10, 2006

DWC Medical Dispute Resolution  
7551 Metro Center Suite 100  
Austin, TX 78744

Patient: \_\_\_\_  
DWC #: \_\_\_\_  
MDR Tracking #: M2-07-0126-01  
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Osteopathy with a specialty in Orthopedics. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This 36 year old female was loading a truck full of crates of furniture, weighing approximately 50-100 pounds each. Patient had just put a crate above shoulder level when she lost her balance and fell off the truck, falling approximately 4-5 feet. Patient landed on her right hip, right knee, and hand.

Patient complained of left hand pain with numbness and tingling. The pain wakes the patient at night and she has to shake her hand to relieve the numbness and tingling.

Physical Examination: Patient is 5'4" weighing 226 pounds. The left hand has decreased range of motion, positive Tinel and Phalen. On the right hand there is point tenderness along the wrist area, positive Tinel sign. Range of motion of the right wrist is flexion 47, extension 51, radial

deviation 18, ulnar deviation 35. Patient has been treated with manual therapy, wrist splints, IF, ultra sound, ice, passive and active range of motion, and flexibility exercises.

Patient had surgery on the right wrist on 06/14/2004 with a release of contractures on the ulnar surface of the wrist, tenolysis extensor carpi ulnaris, tenolysis extensor tendon right little finger, reconstruction of the triangular fibrocartilage.

Currently the patient complains of pain in her wrist with numbness in the middle, ring, and little fingers, tenderness at the triangular fibrocartilage, positive Tinel, and tenderness at the scapholunate ligament. Arthrogram of the right wrist reveals a tear of the triangular fibrocartilage and the EMG reveals a right carpal tunnel syndrome.

#### RECORDS REVIEWED

Concentra, Letters: 8/15 and 8/23/2006.

Records from Carrier:

J Fowler, Letters: 10/3 and 10/19/2006.

K Berliner MD, Report: 7/31/2006.

Records from Doctor/Facility:

K Berliner MD, Op Note, Knee: 12/6/2005.

Op Note, Knee: 4/23/2004.

Op Note, Right Wrist: 6/14/2004.

Reports: 3/29/2004 to 4/19/2006.

EastSide Imaging, Arthrogram: 7/14/2006.

MRI (Knee): 9/16/2005.

Accutest Diagnostic, EMG: 1/12/2005 and 6/7/2006.

Concentra, Letters: 5/22 and 6/29/2005.

Allied Therapy & Diagnostics, Reports: 10/27/2005 to 4/17/2006.

Impairment and FCE of Houston, FCE: 7/30/2004.

Harris Co MRI, MRI (Wrist): 3/7 and 3/21/2003.

HealthSouth, Report: 1/21/2003.

J Varon MD, Reports: 1/29/2004 to 4/15/2005.

Pain Recovery Clinic, Reports: 10/8/2003 to 4/1/2005.

W Smith MD, Report: 9/12/2003.

J Reuben MD, Report: 8/14/2003.

M Padilla MD, Report: 3/11/2003.

#### REQUESTED SERVICE

The requested services include a right wrist arthroscopy (29846) and right wrist carpal tunnel release (64721).

#### DECISION

The reviewer disagrees with the previous adverse determination.

## BASIS FOR THE DECISION

This patient has symptoms of a carpal tunnel with a positive EMG and failed conservative care. Patient did not have symptoms prior to the fall. A fall of 4-5 feet, bracing herself with the hand, results in trauma to the wrist. The TFCC is caused by trauma. Patient has had one reconstruction, but it has failed by evidence of the arthrogram.

## REFERENCES

Green: Operative Hand Surgery, 4th Edition.

Campbell's Operative Orthopedics, 10th Edition.

DeLee and Drez: Orthopedic Sports Medicine, 2nd Edition.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest 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 decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

## **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.**

Sincerely,

Wendy Perelli, CEO

**I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 10<sup>th</sup> day of November 2006**

**Signature of Specialty IRO Representative:**

**Name of Specialty IRO Representative:          Wendy Perelli**