

Is Carpal Tunnel Syndrome Covered?

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While there are no recent statistics, I know from my experience that the majority of claims filed by injured workers in Nevada for carpal tunnel syndrome are initially denied. Carpal tunnel syndrome presents as numbness, tingling, and pain primarily in the first three fingers and the thumb side of the hand. It results from compression of the median nerve that travels through the wrist. Symptoms often occur or worsen at night and after sleeping. In a typical case, the injured worker begins to have symptoms, and only after months of hoping that the symptoms will go away in time, files a claim when the symptoms are so bad that they interfere with work.

From the injured worker's perspective, because symptoms get worse with work activity, work must be the cause of the problem. However, when the worker reports the problem to her employer, and then goes to the designated clinic to file a claim, the examining physician usually is unwilling to state that the problem is work-related. Most often, the diagnosis on the C-4 claim form is "tendinitis", and the doctor puts a question mark by the question asking whether the occupational disease or injury is work-related.

Adjusters usually deny the claim when they see that the physician is unable to connect the problem with work activity. Some times the adjuster denies the claim "under medical investigation", but is willing to allow the worker to see a hand specialist. If the adjuster simply denies the claim, then the worker must use private insurance or pay for a consultation with a hand specialist to obtain a report that more accurately diagnoses the problem and more definitively states whether the problem was caused by the job.

An experienced hand specialist (orthopedic physician) may not need additional diagnostic testing to diagnose carpal tunnel syndrome. However, insurers usually want to see positive nerve conduction studies and electromyography to accept a CTS diagnosis. Secondly, the hand specialist must be able to report that there is a direct causal connection between the CTS and the patient's occupation. In order to do that, the hand specialist must exclude the nonoccupational risk factors for CTS that include increased age, pregnancy, diabetes, rheumatoid arthritis, and obesity, and sex. (There is a higher incidence of CTS for females).

The hand specialist should take a detailed medical history so that nonoccupational risk factors can be excluded, and the patient should discuss in detail the work activity and job requirements that the patient believes contributed or caused the symptoms. If possible, provide the hand specialist with a copy of the employer's written physical description of the job. The hand specialist will be looking for occupational risk factors of repetitive hyperflexion and twisting of wrists, prolonged use of handheld vibratory tools, forceful and repetitive grasping, and awkward wrist positions. The scientific data on whether prolonged use of computer keyboards causes CTS is conflicting according to the AMA Guides to the Evaluation of Disease and Injury Causation (2008). However, I have found that the reputable local hand surgeons in Las Vegas will draw their own conclusions as to each patient when keyboard activity is questioned as to the cause of CTS.

Carpal tunnel syndrome can be covered under the Nevada Occupational Disease Act. The key to successfully presenting a claim and having it accepted is proper medical documentation of the problem and its relationship to the worker's particular occupational activities. These are difficult claims, however, because the initial treating physician often does not have sufficient information to state that it should or should not be accepted as a workers' compensation claim. Denied claims must be appealed within the 70 day appeal time regardless of whether the worker has completed her own medical investigation with her own doctors. These claims can be successful with the help of a skilled attorney.

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