SPSO decision report

Case: **201005166, Highland NHS Board**
Sector: health
Subject: clinical treatment; diagnosis
Outcome: not upheld, no recommendations

Summary

Mr C attended an Accident and Emergency department in October 2009 complaining of pain, weakness and pins and needles in his left wrist. An initial diagnosis of carpal tunnel syndrome, secondary to an underlying arthritis, was made. He was referred for review by an orthopaedic consultant and subsequently to a rheumatologist. It was not until he was seen by a locum rheumatologist in August the following year that he was given steroid injections, which relieved his pain.

Mr C was referred back to the orthopaedic consultant and underwent carpal tunnel decompression surgery in March 2011. He complained about delays to the progression of his treatment, the lack of steroid injections during earlier appointments and the unnecessary pain he had to endure as a result. He also complained that the board took an unacceptable length of time to diagnose a particular infection in his wrist.

We found that Mr C's case was particularly unusual. Separate investigations into a bad cough proved positive for an organism that can cause tuberculosis. As Mr C did not have active tuberculosis at the time, we found the board's decision not to provide treatment to be reasonable. The orthopaedic consultant was concerned that Mr C did not have a straightforward case of carpal tunnel syndrome and carried out exploratory surgery which showed he had inflammation of the lining of the tendons of his wrist which can be associated with tuberculosis. Once this was identified, he referred Mr C back to the chest physician who had investigated his cough. We were satisfied that appropriate diagnostic tests were subsequently carried out. We did not find that the treatment of Mr C's wrist or the diagnosis of his infection were unduly delayed and we did not uphold the complaint.