



## REVIEWER'S REPORT

**Date of review:** February 14, 2007

**IRO Case#:**

**Description of Services in Dispute:**

Occupational therapy for 8 sessions

**Qualifications of Reviewer:**

Doctor of Chiropractic licensed in the state of Texas for 15 years and certified in pain management.

**Review Outcome:**

Upon independent review I find that the previous determination or determinations should be:

- Upheld
- Overturned
- Partially Overturned

**Information Provided for Review:**

1. Carrier records, including URA reviewer notes
2. Requestor Records
3. Carrier's RME by

**Clinical History:**

This patient was injured on her job as a manager for a store when she was doing repetitive lifting of boxes and placing them into a refrigerator. She had an immediate onset of pain in her right hand, which resulted in swelling of the hand at about the same time. She initially was treated by and underwent an extensor tenosynovectomy of the right and fourth dorsal compartments. Unfortunately, she developed a case of Reflex Sympathetic Dystrophy, also known as Complex Regional Pain Syndrome. She began treating under the guidance of and he treated not only the symptoms of the right hand, but also radiations from the hand up to the right shoulder.

She was referred by her treating doctor to who recommended aggressive physical medicine to attempt an arrest of the RSD. This was also unsuccessful and she was referred to. Stellate ganglion blocks were performed, but gave only temporary relief.

**Analysis and explanation of the decision, including clinical basis, findings and conclusions used to support the decision:**

The patient was diagnosed with RSD in 2005 by the carrier's own doctor. Clearly, this patient has issues that will be present for an extended period of time. It is not unreasonable to believe that the patient has experienced an exacerbation, as witnessed by the treating doctor's notes and it is not unexpected that this will happen on occasion. The only question is whether physical medicine will help this patient. As the patient is clearly in chronic pain now, it is clinically indicated to have supervised OT for 8 sessions, as requested by the treating provider. While the reviewers for the carrier stated that this patient should be put on a home exercise program, the experience of this reviewer is that the home exercise program has the worst compliance rate of any program available. While it costs less to the carrier, it is virtually worthless in the opinion of this reviewer. A supervised program of 8 visits with a re-evaluation is both reasonable and necessary for this patient's condition and is in accordance with good practice.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPR-Agency for Healthcare Research & Quality Guidelines.
- DWC-Division of Workers' Compensation Policies or Guidelines.
- European Guidelines for Management of Chronic Low Back Pain.
- Interqual Criteria.
- Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)