

DATE OF REVIEW: 6/27/07**IRO CASE #:****DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Rehabilitation exercises and neuromuscular re-education.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

This case was reviewed by a practicing chiropractor on the MAXIMUS.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

<i>Primary Dx Code</i>	<i>HCPCS /NDC</i>	<i>Mod</i>	<i>Units</i>	<i>Type Review</i>	<i>DOS</i>	<i>Amt Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Uphold / Overturned</i>
927.3	97110			Prospective	5/3/07-7/3/07		xx/xx/xx		Upheld
726.10	97104			Prospective	5/17/07-7/31/07		xx/xx/xx		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for Independent Review by an Independent Review Organization forms – 6/11/07.
2. Determination Notices – 4/10/07, 5/24/07, 5/7/07.
3. Records and Correspondence from – 4/19/07-5/7/07
4. Records and Correspondence from – 5/3/07

PATIENT CLINICAL HISTORY:

This case concerns an adult male who sustained a work related injury on xx/xx/xx. Records indicate that while putting material into a machine, the machine pulled his right index finger injuring his right index finger and right shoulder. Diagnoses have included crush injury of finger, trigger finger, shoulder strain, and rotator cuff syndrome. Evaluation and treatment for this injury has included surgery (xx/xx/xx).

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

This patient has already undergone 17 sessions of physical therapy for his finger and shoulder injury. He is back to work fulltime with no restrictions at his regular job. He had an impairment rating performed on 5/3/07 that found no compensable injury in the shoulder and a 2% whole body impairment rating primarily for the fingers. He is at

maximum medical improvement as of xx/xx/xx. The Official Disability Guidelines (ODG) guidelines allow 9 visits over 8 weeks for a shoulder sprain/strain. The Official Disability Guidelines allow 9 visits over 18 months for an open wound of hand. There is nothing in the record that demonstrates a significant functional deficit that would improve with ongoing care. Therefore, the requested rehabilitation exercises and neuromuscular re-education are not medically necessary for treatment of this patient's condition.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**