

REVIEWER'S REPORT

DATE OF REVIEW: 05/02/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Four sessions of occupational therapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Physiatrist, Board Certified in Chiropractic Care, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Letter dated 04/03/07
2. Note dated 03/08/07 from URA
3. Request for review by Independent Review Organization dated 03/30/07
4. Letter dated 04/19/07
5. Note dated 03/22/07 from occupational therapist with little clinical relevance since the injured employee had not been seen by this particular therapist since yet was concluding that she felt that 4 more sessions would be beneficial for her
6. Physical therapy/occupational therapy notes
7. Notes from the hand surgeon who operated on the claimant, first dated, as well as subsequent progress notes of, operative note of which was neuroplasty, ulnar nerve, right elbow, lateral epicondylectomy and release, right elbow, office note of 06/12/06, 07/10/06, 07/26/06, 08/25/06, 09/07/06, 09/13/06, and 09/29/06

8. EMG report dated 10/18/06, which reads “no electrodiagnostic evidence of a left ulnar neuropathy across the elbow,” author unknown
9. Notes from after the EMG study dated 10/18/06, 11/07/06, 11/15/06, 02/28/07, and 03/30/07; the note of 02/28/07 indicates that the injured employee had probably reached maximum medical improvement but went on to state that she would benefit from weekly ultrasound for another month or so
10. EMG report of 07/26/06 which shows “normal right radial motor and sensory nerve results

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

On the employee pulled with her right hand on a stuck plane door and had pain in the lateral aspect of the right elbow. She subsequently was injected in the elbow and had some benefit. She then had a second injection with some improvement. She had persistent symptomatology. On 07/05/05 there was apparently a positive EMG study, although I do not have that report, show “minimal swelling of the ulnar nerve across the right elbow.” An MRI scan on 06/24/05 apparently showed a small elbow effusion but was otherwise negative. In December 2005 she was lifting too many heavy bags at work and apparently had increased pain. She went on to have the surgical procedure noted above on 03/09/06 with subsequent occupational therapy consisting of 38 sessions. She was deemed by her surgeon to be at maximum medical improvement on 02/28/07.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

Examinee has had a good outcome from the surgical procedures. Although she is unable to lift 50 pounds at this point in time, it is unlikely that 4 more sessions of ultrasound therapy will change that. She would be well suited for an independent home program, which after 38 sessions of therapy, she should have been well instructed in. I agree with the surgeon that the claimant is at maximum medical improvement, and therefore I do not think that further passive modalities such as ultrasound after 38 sessions of therapy will change her clinical status or functional capabilities.

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

(Check any of the following that were used in the course of your review.)

- _____ 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.


INDEPENDENT REVIEW INCORPORATED

- 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.)