



**DATE OF REVIEW:** May 3, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Therapeutic exercises, interferential stimulation, ultrasound, myofascial release and joint mobilization for 12 visits.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

Chiropractor licensed in the state of Texas with extensive experience and board certification in 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. referral, March 26, 2007
2. Office notes of LLC, October 27, 2005 through August 29, 2006.
3. Office notes of Dr. DC September 28, 2005
4. Peer Review by MD, February 10, 2006
5. URA determination by DC, November 3, 2005
6. Independent Review, Inc. report, December 23, 2004
7. peer review by DO, January 15, 2005
8. FCE by, , DC, February 16, 2005
9. Mental health consultation by February 8, 2005
10. Office notes January 3, 2007 through March 14, 2007
11. URA report of by DC, February 22, 2007
12. URA report of DC, January 25, 2007
13. Report of MD, July 25, 2002
14. Report of MD, January 25, 2002
15. Reports of MD, September 30, 2003 through January 20, 2004
16. Report of MD, August 19, 2003
17. EMG Report of January 11, 2000
18. TWCC 73 reports from April 23, 2004 through June 20, 2006

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient in question was working as a dental assistant when she seated a patient in the chair for X-rays and began positioning the patient for the X-rays. While she was leaning over the patient, there was reported a very loud pop and the X-ray machine apparently disintegrated into multiple parts, violently striking the patient in the head, neck and left shoulder area. Reports indicate that she was dazed and confused by the impact, but was not unconscious. She has had a surgery to the left shoulder which was for the diagnosis of an impingement syndrome. She has had exhaustive physical medicine as well as pain management, counseling, chiropractic, pharmacotherapy and other treatments in the seven years since the injury. She is currently being treated by Dr.. The initial report indicates that she has had an exacerbation of the pain, apparently gradual in nature, and the clinic is requesting physical medicine as treatment.

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

Unfortunately, this patient had an injury that seems to be hanging on. Just as unfortunate, however, is her lack of long term response to any of the previous modalities, including the ones that are being prescribed by the treating clinic at this point in time. Regardless, the patient does report some lessening of symptoms with these treatments. It is not an optimistic venture to allow for care to be continued on a basis of active/passive care for an extended period of time. The patient simply does not respond for a long term basis. But in the case of an exacerbation, which seems to be documented fairly well by the treating clinic, I would think that it is reasonable to expect a short term of these treatments will help the patient reduce her symptoms. It is my suggestion that the patient receive care 2 times per week for 3 weeks and at that point she probably will have benefited from this type of treatment to the absolute maximum.

**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.
- Interqual Criteria.
- X Medical judgement, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.

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- \_\_\_\_\_ 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.)