

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 05/08/07

**IRO CASE #:**

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

Twenty sessions of chronic interdisciplinary pain management.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, 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. Report dated 04/11/07 – reconsideration review from URA
2. Report dated 04/02/07 – initial review from URA
3. Assessment titled dated 02/07/07 authored by M.A., L.P.C. and M.S., L.P.C.
4. Report dated 03/05/07
5. Report dated xx/xx/xx from chiropractor
6. Report dated 03/11/07
7. Report dated 06/29/06
8. Report dated 05/15/06
9. Report dated 07/21/06
10. EMG report dated 11/07/05 stating, “Subtle electrophysiological evidence of an ulnar nerve compression at the level of the right elbow (cubital tunnel syndrome) was recorded in the nerve conduction studies and needle EMG examination of the right upper extremity. An ulnar nerve lesion was indicated by reduced ulnar motor conduction values recorded across the right below-elbow to above-elbow segment and significant acute denervation potential activity recorded within the right ulnar

nerve innervated first dorsal interosseous and abductor digiti minimi. No electrophysiologic evidence of cervical radiculopathy and/or brachial plexopathy was recorded in these electrodiagnostic studies of the upper extremities.”

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

The injured employee is a female who reports developing symptoms in her hand that she attributed to her employment beginning in xx/xx/xx, which subsequently resulted in her having had surgery at both wrists done on 2 occasions. She is managed with braces and medications. She was felt to be at maximum medical improvement on 07/21/06. Examiner did not believe she required a TENS unit when he saw her last time on 03/11/07.

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

The injured employee is at maximum medical improvement. She is on minimal pain medication and anti-inflammatory medication. She has had 2 surgeries on each wrist in the past, and it is my opinion that she does not require a chronic interdisciplinary pain management program for the residuals of these bilateral carpal tunnel releases and subsequent residual symptomatology. I do not believe such a program would have any favorable impact on her functional capabilities or on the management of her symptoms.

**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.
- 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.

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- \_\_\_\_\_ TMF Screening Criteria Manual.
- \_\_\_\_\_ Peer reviewed national accepted medical literature (provide a description).
- \_\_\_\_\_ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)