Advanced Medical Reviews

ACCREDITED EXTERNAL REVIEW

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 10/2/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1. Office visits once each quarter for the next year.
2. Current medications for the next year.

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from Rutgers Medical School, after completing his undergraduate degree at Rensselaer Polytechnic Institute. He completed his internship in General Surgery at Pennsylvania Hospital and his residency in Orthopedic Surgery at University of Miami School of Medicine, Jackson, where he served as chief resident. He has been in active practice since 1984. He is a member of American Academy of Orthopaedic Surgeons, American Medical Association, Pennsylvania Orthopedic Society, Eastern Orthopedic Society, and Pennsylvania Medical Society.

REVIEW OUTCOME:

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

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

1. Office visits once each quarter for the next year. Upheld
2. Current medications for the next year. Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 09/13/2007
2. Medical reviews of case assignment by, dated 09/13/2007
3. Clinical note dated 09/12/2007
4. Preauthorization review summary by RN, dated 07/27/2007
5. Preauthorization review summary by RN, dated 08/14/2007
6. Standard reconsideration and appeal process dated 09/13/2007
7. Request for a review dated 09/11/2007
8. IRO request form dated 09/12/2007
9. Review organization by dated 09/13/2007
10. Pre authorization review summary note dated 08/14/2007
11. Standard reconsideration and appeal process note dated 09/14/2007
12. Review form by RN dated 08/15/2007
13. Review form dated 08/17/2007
14. Clinical note by DO dated 08/06/2007
15. Preauthorization review summary note by RN dated 07/27/2007
16. Appeal process note dated 09/14/2007
17. Clinical note by MD dated 08/01/2007
18. Clinical note by DO dated 07/20/2007
19. Prescription form dated 10/23/2006 to 05/21/2007 multiple dates
20. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who was diagnosed with a wrist fracture. Per notes provided, the employee sustained injuries to her neck, shoulder, elbow, forearm, and both wrists when she fell down a flight of stairs at work. The injured employee underwent surgery on her left elbow on xx/xx/xx and on the left arm on xx/xx/xx. She was subsequently assigned with an impairment rating of 24%, which represents permanent injury. She reported pain in the shoulder, wrists, left elbow, and neck. She complained of head pain, headaches, and memory and concentration problems. Neurophyschodiagnostic testing revealed neurocognitive disorder, spatial organization problems, and

psychomotor functioning deficits. The injured employee is medicated with Aricept, Namenda, Zoloft, Lidoderm, Provigil, Celebrex, Robaxin, Darvocet, Ambien, and ultra-strength Ben Gay Patches. This case is currently under review to determine whether office visits once each quarter for the next year and current medications for the next year are medically necessary for this injured employee.

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

Office visits each quarter for the next year are medically reasonable and appropriate if these office visits are for evaluation, assessment, and treatment for her cognitive deficits. However, further care and evaluation with regard to her wrist, neck and other multiple musculoskeletal complaints does not seem to be reasonable and appropriate as this injury was incurred years ago. She incurred sprains and strains of multiple musculoskeletal systems and sustained a left wrist fracture which most certainly should be maximally medically improved at this period of time. There are no clear cut neurologic deficits based upon the documentation.

The use of Darvocet and Robaxin is not medically necessary or appropriate. Chronic pain medicine is not appropriate unless administered by a pain specialist. These medications are not reasonable and appropriate for chronic pain as the addiction potential and abuse potential exists. Ambien certainly might be reasonable for insomnia but to be treated chronically for this is inappropriate. Lidoderm patches are much the same. Chronic treatment with this is not necessary and appropriate for these diagnoses and the length of time in which has past. Now given her neuro-psychodiagnostic testing Aricept, Zoloft, and Provigil might be reasonable, however, there is no medical merit for such medicines on a long term basis in this instance.

Therefore, the previous denial is upheld.

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
X 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)

AMR Tracking Num: 39594