



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 10/16/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Ten-day pain management program for bilateral wrist pain complaints, bilateral carpal tunnel syndrome surgery.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Family Practice physician with an M.D. degree in Private Practice in Texas. I am Board Certified by the American Board of Family Practice in 1984, 1990, 1997, 2002, and 2006.

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)

I disagree with the previous adverse determination. I do feel that medical necessity exists for the 10-day pain management program based on the information furnished below.

INFORMATION PROVIDED FOR REVIEW:

The following documents were presented and reviewed.

1. TDI Referral, October 9th, 2007
2. Records of Dr., June 25, 2007 to September 19, 2007.
3. Records of M.S.,L.P.C, June 8, 2007.
4. Designated Doctor Exam by Dr., September 11, 207.
5. Pre-authorization from Associates, URA denials, September 18 and 27, 2007.
6. Evaluation by D.C, FCE, May 22, 2007.

ODG Guidelines were NOT presented by the carrier or URA for review.

ODG Guidelines were not applied in this case as the reviewer felt this case warranted an exception to ODG due to unusual circumstances to the case, which were found in the medical records.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The clinical history is that of a patient “unemployed or found employed” reports that using daily continuous hand machines repetitively, he has felt pain in both hands or in both wrists and into his elbows. This is consistent with carpal tunnel syndrome. Since his injury he has been resting and receiving therapy, and has had 2 surgeries. He continues to have severe pain, especially in the right hand and he uses tools daily with auto body hand machines. He wants to return to work, but he wants to be healed and he is uncomfortable and discontented that he is not working. He has been treated with multiple medications, as well as steroid injections, TENS units and rehabilitation physical therapy.

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

The reason for my disagreement with the previous adverse determination is that this patient exhibits good patient behavior with a desire to get back to work. He does not have any sign of malingering and is very upset with significant depression related to his inability to work. The program outlined by Dr. appears to be a very well organized and thorough program designed with the best intentions of the patient. Although the prior adverse determination physician noted that evidence-based literature does not support chronic pain programs for upper extremity injuries, there is a distinct possibility that the maneuvers and treatment plans outlined by Dr. will be successful. There is a high likelihood that improvement will occur to a significant degree. In addition to this, all other modalities and treatment mechanisms have failed and therefore this is worth a try to hopefully improve this patient’s function.

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 judgment, clinical experience and expertise in accordance with accepted Family Practice 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.)