



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 10/02/07

DWC CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening issues for multiple dates.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

I have been in practice as a chiropractor for approximately 27 years. I am certified in Sports Medicine, Manipulation under Anesthesia and Impairment Rating and am a designated doctor for the DWC.

REVIEW OUTCOME:

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

_____ Upheld (Agree)

__X__ Overturned (Disagree)

_____ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

Approximately 336 pages of records submitted by the carrier and provider. These records include but are not limited to:

1. Two pages of a cover letter from Insurance dated September 21, 2007.
2. Six pages of billing records from Insurance, however, there are no dates; only areas of question are shaded.
3. A report by of December 8, 2006, by, M.D., 1 page.
4. Seven pages from, M.D. who performed a required medical exam on January 10, 2007.
5. Approximately 18 pages of EOBs from Insurance.
6. Approximately 4 pages from, D.O. of Healthcare.
7. The remaining pages are daily notes and records from Healthcare including, but not limited to, daily records, behavioral worth meetings, functional capacity evaluations and such. It appears from the explanation of benefits that the work hardening in question is from February 19, 2007 through March 5, 2007.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claim involves a female of origin who reportedly suffered a work-related injury to the right foot and ankle when a cart broke and fell on her foot on xx/xx/xx. She was originally evaluated at Clinic on xx/xx/xx. She was treated with medication and therapy, which apparently did not resolve any of the pain because on May 4, 2006, she was reevaluated and noted that the condition was worsening and referred to a foot and ankle specialist.

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

It is apparent from the records that both the provider and the carrier supplied that after the initial injury, the patient failed to make any progress and the treating physician made appropriate referrals to try to determine the extent of injury and the best course for treatment. There appears to be a dispute from the RME physician about the diagnosis regarding RSD; however, the nature of the independent review organization is not one of diagnosis, but one of medical necessity. Therefore, my comments involving this case will be strictly held to whether medical necessity was found to be evident in this case.

In the records supplied, it was evident that several functional capacity evaluations were performed and there is evidence that there was improvement in the patient to perform activities under the FCE guidelines. With this apparent improvement in function and also evidence that the patient noted that there was a decrease in pain, this conforms to the definition of medical necessity. The definition of medical necessity can be both found in the Texas Labor Code section 408.021, which states that a treatment which helps to relieve or cure symptoms related to a work injury is considered to be medically necessary. The Texas Appellate Court in Texarkana in the year 2000 upheld this finding in the case of Martin versus Travelers. The Appellate Court, in this particular case, also found the definition of medical necessity to be the improvement, cure or relief of symptoms related to a compensable work injury.

Review of current clinical guidelines and databases such as ACOEM, AHCPR, DWC, Mercy Center Conference, ODG and Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters do not delineate specific time periods or treatment numbers for work hardening; therefore, I defer to the Texas Labor Code and Texas Appellate Court definition of medical necessity.

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 medical standards. Twenty-seven years of my medical judgment, 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.)