



Southwestern Forensic
Associates, Inc.

Amended April 28, 2008

REVIEWER'S REPORT

DATE OF REVIEW: 04/22/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twenty sessions of work hardening.

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. I reviewed notes from Pain and Recovery Clinic dated 09/28/07 authored by P.T.
2. I reviewed a physician note from 11/13/07 authored by Dr. . I reviewed the physical therapy notes of 12/28/07 and 02/02/08.
3. I reviewed a psychological assessment of dated 02/21/08.
4. I reviewed a Functional Capacity Assessment Report of 02/25/08. He had a valid study and was performing at light/medium category of work, where his job requires heavy work.
5. I reviewed a note from Dr, chiropractor, dated 02/25/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee sustained a crush injury to his right foot with resultant great toe fracture. He went on to have almost 40 sessions of physical therapy, which were then capped off with a Functional Capacity Evaluation, identifying him still functioning below

the heavy level required for him to return to his job. It appears to have been a valid test. It appears as though the primary impediment to improving his category of function was the pain in his foot when doing the functional activities in the Functional Capacity Evaluation.

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

It is a bit unusual to have a work hardening program for a toe fracture, but in the context of a crush injury with resultant functional deficits still identified, I believe work hardening would be a reasonable approach. Objective and subjective testing validate the medical necessity to the reviewer.

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.
- 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.)