



Southwestern Forensic Associates, Inc.

DATE OF REVIEW: 04/28/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Chronic interdisciplinary pain management program.

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)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a xx-year-old male who presents with a history of right wrist injury while working. Apparently, a dolly rolled backwards out of a truck and he tried to grab it, twisting his right hand and wrist on xx/xx/xx. He went on to have diagnostic treatment. He did undergo a right carpal tunnel release. He had negative x-rays, a negative MRI scan for any acute fractures or dislocations. Apparently, the wrist arthrogram was likewise normal. He has scored high on anxiety and depression scales and apparently has had four sessions of psychotherapy, the results of which are unclear. It does not appear as though he has been placed on any anti-anxiety or anti-depressant medications from the records I have reviewed. He has given less than full effort on his most recent Functional Capacity Evaluation. He was taking Vicodin HP and ibuprofen only.

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

It is my opinion that the injured employee may have some psychological issues with regards to depression and anxiety which can and should be treated as an outpatient. His less than optimal effort on Functional Capacity testing and given the nature of his

reported injury, does not in my opinion require the services of a chronic interdisciplinary pain program for 20 sessions. His problem appears to be more with depression and anxiety and the sequela thereto as opposed to an actual functional problem in his wrist and hand. Once again, his efforts were less than optimal in the Functional Capacity testing.

**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.)