

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
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Notice of Independent Review Decision

DATE OF REVIEW: April 7, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work hardening program:

DOS: 4/4/07 CPT Code 97545-WHCA and 97546-WHCA x 2
DOS: 4/11/07 CPT Code 97545-WHCA and 97546-WHCA x 2
DOS: 4/12/07 CPT Code 97545-WHCA and 97546-WHCA x 2
DOS: 4/13/07 CPT Code 97545-WHCA and 97546-WHCA x 2

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Diplomate of the American Chiropractic Neurology Board

REVIEW OUTCOME

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

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier/URA include:

- Medical Centers, 11/21/06, 11/22/06, 11/27/06, 11/28/06, 11/29/06, 12/01/06, 12/04/06, 12/06/06, 12/09/06
- Clinic, 12/08/06, 01/05/07, 01/08/07, 01/09/07, 01/15/07, 01/18/07, 01/22/07, 01/23/07, 01/31/07, 02/02/07, 02/05/07, 02/06/07, 02/09/07, 02/13/07, 02/19/07, 02/21/07, 03/06/07, 03/14/07, 03/21/07, 04/17/07, 04/18/07,
- Center, 12/12/06
- M.D., 12/13/06, 12/14/06, 12/27/06
- M.D., 01/04/07
- 02/09/07, 02/14/07, 02/22/07, 03/06/07, 04/02/07, 04/03/07, 04/04/07, 04/05/07, 04/06/07, 04/09/07, 04/10/07, 04/11/07, 04/12/07, 04/13/07,
- 03/14/07, 03/17/07, 04/16/07, 04/17/07, 05/04/07
- Recovery, Inc., 03/21/07, 04/13/07
- D.O., 03/27/07, 01/24/08
- D.C., 04/24/07, 04/25/07
- Orthopedics, P.C., 04/04/07, 05/02/07

Medical records from D.C. include:

- Medical Centers, 11/21/06, 11/28/06, 12/06/06
- Group, 11/21/06
- Clinic, 12/08/06, 12/14/06, 01/08/07, 01/09/07, 01/18/07, 01/22/07, 01/23/07, 01/24/07, 01/31/07, 02/02/07, 02/05/07, 02/06/07, 02/09/07, 02/12/07, 02/13/07, 02/19/07, 02/21/07, 03/06/07, 03/21/07, 03/28/07, 04/17/07, 04/18/07
- Center, 12/12/06
- M.D., 12/13/06, 12/27/06
- Center, 01/04/07
- 02/09/07, 03/06/07
- 03/21/07, 04/13/07
- D.C., 04/24/07, 04/25/07

Medical records from the Provider include:

- Texas Department of Insurance, 03/25/08
- Center, 12/12/06
- Center, 01/04/07
- 03/21/07, 04/13/07, 04/16/07, 04/17/07
- D.O., 03/27/07, 01/24/08
- 04/02/07, 04/03/07, 04/04/07, 04/05/07, 04/06/07, 04/09/07, 04/10/07, 04/11/07, 04/12/07, 04/13/07, 04/17/07

PATIENT CLINICAL HISTORY:

The patient is a male who was pulling boxes off a forklift when he slipped and fell and felt a sharp pain in his wrist.

On December 12, 2007, there was a CT scan revealing a comminuted fracture of the radial styloid.

The patient saw M.D. for right wrist pain. He was diagnosed with fracture of the radial styloid and DeQuervain's tenosynovitis. He underwent an injection and physical therapy.

The patient was seen for an evaluation by Dr. and was diagnosed with mild depression.

The patient started seeing D.C., who began work hardening and work conditioning.

The patient saw D.C., on April 24, 2007, who placed him at maximum medical improvement with a 1% whole person impairment rating.

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

There was a request for work hardening eight hours a day for five days for four weeks. This has been denied. The disputed issues are the work hardening/work conditioning notes of April 4, 2007, April 11, 2007, April 12, 2007, and April 13, 2007.

Based on the information provided, I agree with the denial based on the Official Disability Guidelines and the documentation that is present. The minimal complaints do not justify extensive work hardening or work conditioning.

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**
- 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)**