

Notice of Independent Review Decision

August 4, 2008

Amended Letter: August 22, 2008

DATE OF REVIEW: 08/04/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work conditioning 5 times a week for 4 weeks

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the work conditioning 5 times a week for 4 weeks is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Notice of Utilization Agent of assignment of IRO – 07/23/08

- Information for requesting a review by an IRO – 07/22/08
- Denial of reconsideration of preauthorization - 07/08/08 07/12/08, 07/17/08, 07/22/08
- Letter of medical necessity from Center – no date
- Rehabilitation referral from Dr. – 07/15/08
- Functional Capacity Evaluation – 06/27/08
- EMG/Nerve Conduction Study – 03/28/08
- Report of MRI if the left elbow – 02/28/08
- Progress notes by Dr.– 02/26/08 to 06/17/08
- Physical therapy daily notes – 02/28/08 to 03/27/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when he was pulling a rope and felt pain along the medial aspect of the left upper arm. This resulted in pain around the medial aspect of the triceps muscle that goes all the way up to the left cervical area. An MRI of the left elbow on 02/28/08 was interpreted as a normal MRI examination of the left elbow. The patient has been treated with physical therapy including exercise and strength training.

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

This patient's injury appears to be a triceps muscle strain on the left. Physical therapy and the passage of time would have reasonably resolved the problems produced by this injury. The patient is now experiencing symptoms suggestive of cervical C7 radiculopathy and cubital tunnel syndrome. The inability to return to work does not appear to be a result of "deconditioning" and therefore, the work conditioning 5 times a week for 4 weeks is not likely to be of benefit for treatment of C7 radiculopathy and/or cubital tunnel syndrome.

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)