Southwestern Forensic Associates, Inc.

Amended August 13, 2008

REVIEWER'S REPORT

DATE OF REVIEW: 08/07/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Work hardening.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, and Pain Management

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

__X __Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. I have reviewed multiple medical records including notes from Injury Clinic. The patient was diagnosed with adjustment disorder, mixed, and anxiety and depressed mood secondary to work injury. This was authored by, M.Ed.
2. I reviewed a request for work hardening dated 05/28/08 authored by, M.Ed.
3. I reviewed an MRI scan report of the left hand that shows "no specific evidence of internal derangement." This was signed by Dr..
4. I reviewed an EMG study report from Dr.. The impression was, "The electrophysiological manifestations found no neuropathy in relation to plexopathy, mononeuropathy, and/or primary muscle disease at this time. Further clinical correlation is indicated." This is dated 04/17/08.
5. I reviewed notes from the Orthopedic Group dated 05/05/08.
6. I reviewed a Multidisciplinary Work Hardening Plan and Goal of Treatment form dated 05/28/08 from the Injury Clinic.

7. I reviewed a 06/02/08 note from Dr. who felt the injured employee had tenosynovitis of the hand.
8. I reviewed a 06/06/08 Functional Capacity Evaluation.
9. I reviewed a three-page report dated 06/19/08 from Dr..
10. I reviewed a report from Dr. Ph.D., dated 06/25/08.
11. I reviewed a rebuttal report to Dr. report authored by, M.S. dated 07/08/08.
12. I reviewed a report from Dr., psychologist, dated 07/14/08. There is quite a disparity between the different diagnoses of Dr. and Dr..

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This is a xx-year-old female who sustained a crush-type injury to her left hand at work on xx/xx/xx. Dr. diagnosed multiple problems. Dr. diagnosed tenosynovitis. She has completed physical therapy as well as having psychotherapy. She had a Functional Capacity Evaluation indicating some deficits. She has an adjustment disorder, according to the notes.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
It is not clear that her condition is going to be able to be adequately addressed in a work hardening situation based on the notes from Dr. and to what his clinical findings were. Notwithstanding the physical therapy to date, I do not believe work hardening is going to benefit her.

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.
__x __Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.
__x __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.)