ZRC MEDICAL RESOLUTIONS INC

DATE OF REVIEW: 12/01/08

IRO CASE #:

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

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 reviewed what appears to be an EMG report of XX/XX/XX by Dr. His impression was that the electrophysiological manifestations found "diminished velocity of the left ulnar motor at the elbow, indicating a conduction block, which is manifested with entrapment and/or trauma at this time."
2. I reviewed an operative report of 01/03/08 by Dr. The procedure was "implant removal, left elbow, radial head, manipulation, left forearm, supination contracture."
3. I reviewed a 04/25/08 referral from Dr. to M.A. The purpose of the referral was a behavioral health evaluation. At that time he was on hydrocodone and Ultram 200 mg tablets, according to the injured employee. He rated his pain as 6/10 on that day with elevations up to 8/10. He was diagnosed with adjustment disorder with anxiety secondary to work injury. She goes on to state that he has functional limitations that have disruption in his lifestyle, leading to poor coping and maladjustments and disturbances in sleep and mood. He scored 4 on the Beck Depression Inventory and 7 on the Beck Anxiety Inventory, both only minimally suggestive of abnormalities.
4. I reviewed a report from Dr. dated 07/15/08. He was taking hydrocodone approximately two times per week at that visit. He was diagnosed with "chronic elbow pain, status post multiple surgeries from a traumatic fracture, left ulnar nerve damage."

5. I reviewed an 08/20/08 note from Dr. He references an x-ray of 08/16/06 showing a displaced comminuted fracture of the proximal humerus and radius. He indicated that the injured worker fell eighteen feet off a ladder, causing the fracture. He references a 09/19/06 surgery by Dr. who performed a capsular release with removal of hardware, manipulation under anesthesia, and transposition of the ulnar nerve. He attended extensive occupational therapy.
6. On 05/15/07 Dr. performed removal of hardware of the left elbow.
7. On 07/24/07, apparently an FCE was performed showing him to be at sedentary to light duty TDL. He was unable to return to his shipping and receiving job.
8. Apparently on 08/06/07 Dr. found the injured employee to be at MMI and gave him a 10% whole person impairment rating. It was his belief that the injured employee is getting worse rather than better, and that the chiropractic care was excessive. He references a 01/03/08 note I have discussed previously by Dr. to remove the hardware and manipulation under anesthesia.
9. On 02/18/08 Dr. indicated that he was improving with less pain and was started on physical therapy.
10. On 04/04/08 Dr. indicated he was improving significantly in terms of symptoms of stiffness but still had numbness in the small finger.
11. Apparently on 04/28/08 Dr. authorized ten sessions of work hardening.
12. On 06/13/08 Dr. did not authorize additional ten sessions of work hardening. He did not feel that continued work hardening or pain management would improve his return to gainful employment. He did not feel additional chiropractic care or durable medical equipment would be required.
13. I reviewed a Functional Abilities Evaluation form from 09/03/08 from therapist .
14. I reviewed a note dated 09/11/08. This was a treatment summary of four out of four sessions where he underwent education, cognitive behavioral therapy, hypnotherapy, relaxation, social skills, problem solving, promoting self-advocacy and responsibility for recovery, and vocational inventory. The notes state, "The patient has definitely benefitted from treatment. First, he has noted more effective ways to exercise and manage negative emotions rather than suppressing or denying those emotions. Second, he has been assisted in enhancing his problem solving skills. The patient should receive approval to participate in the chronic pain management program in order to better facilitate his overall recovery and return to work goals. [The claimant] is a very motivated and compliant patient who takes full advantage of whatever services he is provided and is an excellent candidate for such a program."
15. I reviewed a report dated 09/22/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
This is a male who sustained an industrial injury on XX/XX/XX involving his left upper extremity when he fell eighteen feet off of scaffolding and sustained a fracture to the humerus and radius for which he underwent four surgical procedures. He also developed an ulnar neuropathy and had an ulnar nerve transposition and has now evidence of tardy ulnar palsy. He has been determined to be at maximum medical improvement, and it was not determined that further medical care would likely change his functional capabilities. He has had extensive diagnostic testing as well as occupational therapy. He has had a Functional Capacity Evaluation.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
This injured employee is at maximum medical improvement. He is on Ultram but no other medications. This is a reasonable medication to use for the pain he may be experiencing due to the injuries to his left elbow area. He has been determined to be unable to return to the heavy work requirements of his prior job, and therefore, that is not a reasonable goal at this point. He has low scores on anxiety and depression testing, and certainly this can be dealt with as an outpatient, since he apparently made great strides with four sessions of individual psychotherapy. The ODG Guidelines specifically state that a chronic pain program is not appropriate for someone who is more than two years out from his injury. He is now XXyears from the date of injury. I would agree that he meets some of the criteria for the chronic pain program, but others he does not. He does not appear to be using prescription drugs beyond the recommended duration or abusing the medications, and does not appear to have excessive dependence on healthcare providers, spouse, or family. There does not appear to be any secondary physical deconditioning. There has been a failure to restore pre-injury function after a period of disability, and that is not going to change. He has not lost his ability to function independently, although there are some limitations in his capabilities.

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.)