ZRC MEDICAL RESOLUTIONS INC

REVIEWER'S REPORT

DATE OF REVIEW: 02/12/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:
Chronic 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):

__X __Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. The injured employee apparently struck one of his elbows while taking out an oil plug. He was followed by Dr. who saw him on 04/29/06, 05/06/05 and 05/17/05. The MRI scan was discussed on the 05/17/05 report as showing bursitis. He apparently had an EMG study that showed a carpal tunnel condition but not an ulnar nerve condition. It was identified that this was a male who had struck his left elbow, according to the notes of Dr. who had seen him.
2. X-rays of the left elbow on 04/26/05 showed "prominence of soft tissues posterior to the olecranon, and they represent olecranon bursitis." This was read by Dr.
3. I reviewed a note of 04/29/05 from Dr. who put him on Mobic and work restrictions with an elbow protector.
4. I reviewed the actual EMG report from Dr. dated 05/10/05, which showed no ulnar neuropathy at the elbow.
5. The MRI report from Dr. dated 05/13/05 showed "focal area of soft tissue edema overlying the olecranon process with very minimal fluid also seen in the olecranon

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bursa. The findings may be indicative of olecranon bursitis. Minimal elbow joint effusion. Otherwise unremarkable MRI scan of the left elbow."

6. I reviewed a job description summary of 06/02/05.
7. I reviewed a note from Dr. dated 06/21/05. His impression was "left elbow pain, posterior hematoma."
8. I reviewed a note from Dr. dated 06/28/05 when it was thought that he might have a possible neuroma.
9. On 07/11/05 Dr. performed a "left elbow soft tissue mass excisional biopsy at the olecranon, left elbow complete olecranon bursectomy."
10. The pathology report of 07/11/05 suggested that the specimen provided likely represented the olecranon bursa with some nonspecific reactive bursitis and chondroid metaplasia.
11. Postoperatively, Dr. kept him with elbow protection.
12. On 07/29/05 the injured employee had no pain with full range of motion of the elbow without problems. He was recommended to use an elbow pad protector and take anti-inflammatory medications and return to light duty work.
13. On 08/23/05 he was still having some improvement, but now having some discomfort at the olecranon region after a day of work. Dr. told him that four months' out he would be at maximum medical improvement.
14. On 09/02/05 he complained to Dr. of having significant pain at the elbow after working light duty. He was now also diagnosed with left elbow medial epicondylitis.
15. I reviewed physical therapy notes beginning in September 2005. Physical therapy note of 09/30/05 indicated he was doing well but complaining of a burning sensation when doing biceps curls, but no other difficulties were noted.
16. On 10/18/05 he saw Dr. again. Dr. felt he was at MMI for his olecranon bursitis but was having medial epicondylitis, as well.
17. On 12/15/05 Dr. indicated he had no other treatment to offer him regarding his olecranon bursitis. He indicated that medial epicondylitis was not associated with the initial injury. Therapy was recommended for the medial epicondylitis.
18. I reviewed a 05/25/06 note from Dr., orthopedic surgeon. His assessment was "left elbow pain." He did not see a need for surgery or physical therapy.
19. X-rays on 05/25/06 of the left elbow showed "views of the left elbow demonstrate no evidence of acute bony tissue or articular abnormalities."
20. I reviewed a report from L.P.C.
21. I reviewed a Physical Performance Exam of 11/02/07 offered by Dr., chiropractor.
22. I reviewed an 11/30/07 report from, L.P.C.
23. I reviewed a report from, Ph.D.
24. I reviewed a review from Dr. dated 01/03/08.
25. ODG Guidelines were not presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a male who hit his left elbow at work, resulting in an olecranon bursitis. This was treated conservatively, and ultimately he underwent a surgical resection of the bursa with good results initially. Pain had gone away completely but slowly came back while on light duty. There are no current physical examination

findings available at the time of this writing. There has been psychological assessment performed, advocating for a multidisciplinary chronic pain management program.

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

It has been over two years since his injury, lessening the potential benefit from utilization of a chronic pain program. Likewise, the past use of opioids and a past history of depression are negative predictive factors. He also has smoked in the past, and if he is still smoking, this is another negative factor. He is, by all physicians' accounts, at maximum medical improvement with regards to the olecranon bursitis. There is no known cause for his current complaints, given that he did have a successful surgical outcome, and there is not anything objectively verifiable in contemporary medical notes with regards to the etiology of his pain about the left elbow. At one point he had returned to work, and it is not clear if he is still at work. If he is not, it is not clear whether he has a job that he can return to. With the information available today, I do not see any convincing evidence that this gentleman requires a chronic pain management program.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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.
__X__ Medical judgement, 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.)