



Southwestern Forensic
Associates, Inc.

Amended January 31, 2008

DATE OF REVIEW: January 25, 2008

DWC CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Twenty sessions of work conditioning.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., Board Certified Physiatrist, Physical Medicine and Rehabilitation, as well as certified in Pain Management.

REVIEW OUTCOME:

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Notes from Center of. The notes indicate that on xx/xx/xx, he injured his right ring finger. The impression was an acute mallet fracture of the distal interphalangeal joint.
2. On 02/12/2007, the history indicates that he had injured his finger detaining a person at work and had a previous history of surgery on the same finger in September 2006 for soft tissue build-up.
3. Physical therapy notes.
4. A note from Dr., hand surgeon, who ordered a splint for his finger when he saw him on xx/xx/xx.
5. An x-ray report read by Dr. dated xx/xx/xx which reads, “Healing mallet fracture of distal phalanx as detailed above. Ossific density, apex fourth proximal phalanx. Differential includes old nonunited fracture, exostosis, and osteochondroma.”
6. A 03/01/07 operative note from Dr.. The procedure was “closed reduction and pinning, 0.45 K-wire, actually placed within the IP joint in 25% in about 5 degrees using a modified Pratt method.”

7. Dr. indicated on 03/22/07 that the surgical wound was well healed and he was recommended continued splinting of the digit.
8. On 04/02/07, he was doing well but still had some intrinsic hand muscle tightness.
9. A 05/22/07 operative note from Dr.. The procedure was “Excision of the nonunion with an open reduction and general fixation with a 1.3 mm screw. Bone grafting. Removal of K-wires from the interphalangeal joint, following successful recovery of mallet finger deformity. Plication of the central tendon to correct an extension lag. Nerve block, median, ulnar, and radial nerve block, as well as digital nerve block using a total of 18 mL of anesthetic solution.”
10. An x-ray report on 05/22/07 from Dr. shows “Two views right ring finger portable: Screw heads in place to hold the avulsed fragments of the ring finger proximal phalanx in place.”
11. On 06/14/07, Dr. indicates that the bone grafting was doing well and he was on an excellent course.
12. There is an x-ray report dated 06/28/07 read by Dr.. His note states, “The fracture of the dorsal base of the distal phalanx appears healing with only mild expansion of the dorsal surface. There appears to be an old fracture of the base of the distal phalanx of the third finger. A metallic density screw is seen crossing the ossific density adjacent to the head and neck of the proximal phalanx of the fourth finger. This density appears well corticated. It appears to represent an old un-united fracture fragment or osteochondroma at this site. No osseous density is seen bridging between the ossification and the remainder of the head and the neck of the proximal phalanx.”
13. A report dated 11/02/07 from the Texas Department of Insurance Utilization Review.
14. A WorkWell Functional Capacity Evaluation report of 12/04/07. He was working and there was a job match between his Functional Capacity Evaluation result and his job requirements.
15. A report from Dr. dated 12/13/07. He was currently working regular duty at the time. There was no physical examination that day but his prognosis was “excellent.”
16. A 12/26/07 report from Texas Department of Insurance Utilization Review from Dr. ODG Guidelines were not presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee sustained a mallet fracture to the right ring finger somehow, while on the job as a xxxx on xx/xx/xx. He underwent splinting, then pinning, and then bone grafting. He went through postoperative rehabilitation and is by all accounts, according to his physician, doing excellent. He had performed well in a Functional Capacity Evaluation and there was a match between his capabilities and his job; and therefore, work conditioning does not appear to be necessary.

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

There are no current physician notes indicating that there is any abnormality with regards to the ring finger where the injury and surgery took place. The Functional Capacity Evaluation indicated that he was already working at his regular job and there was a match between his functional capabilities and his job requirements. There is, therefore, no indication for a need for work conditioning.

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.
- Medical judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)