



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 06/12/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy/rehabilitation.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., 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):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed a 09/21/07 note with a diagnosis of “unspecified derangement of joint brachial neuritis or radiculitis, NOS.” The description of alleged injury was “left wrist sprain.” This was contained in a 05/02/08 Notice of Adverse Determination.
2. I reviewed a note from the Clinic authored by Dr. dated 09/21/07. He indicated in that letter that the injured employee had improved at therapy and had not yet plateaued. He felt she did continue to improve her range of motion, strength, and tolerance of performance of activities such as grasping, lifting, pushing, pulling, and overhead activity.
3. I reviewed a 05/02/08 letter for a request for reconsideration by Dr.
4. I reviewed a 04/25/08 report from physical therapist. He reported that overall she had decreased pain in the left wrist but still had decreased left grip strength secondary to pain and decreased range of motion of the left wrist with increased pain with wrist extension activities. Pain level was rated as 6/10.

5. I reviewed a 04/30/08 report indicating that the injured employee had completed twelve sessions of physical rehabilitation postoperatively and was able to do a home exercise program.

6. It appears that on 04/10/08 the injured employee was authorized to undergo a Guyon's canal through distal forearm fascia tenolysis release.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

I do not have a history as to how the injured employee was indeed injured. I do not have an operative report. My conclusions are based upon the assumption that she underwent a tenolysis with ganglion cyst excision on her left wrist in late March/early April by Dr. and that she completed twelve sessions of postoperative physical therapy relative to that surgical procedure.

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

Based on the assumption that she did indeed undergo the surgery that I expressed above and that she did complete twelve sessions of physical therapy, I would offer that an additional six sessions of physical therapy would be reasonable based upon the current on-line version of the ODG Guidelines, which indicate that postsurgical rehabilitation for a ganglion and synovial and tendon bursectomy can be up to eighteen visits over six weeks. In this case, the request is for an additional twelve, which would equate to twenty more visits. Therefore, the request as made is not approved.

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.)