

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
7502 GREENVILLE AVENUE
SUITE 600
DALLAS, TEXAS 75231
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: March 27, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy 3 times a week for 4 weeks to include: 97110 – Therapeutic exercises; 97530 – Therapeutic activities; 97535 – Self-care/Home management training; G0283 – Durable medical equipment-electrical stimulator.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Diplomate, American Board of Internal Medicine; American College of Occupational and Environmental Medicine

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical records from the Carrier include:

- 03/19/08, 08/07/07, 12/19/07
- Employers First Report of Injury or Illness, xx/xx/xx
- Associate Statement, 07/21/07
- Medical Center, 06/19/99, 07/21/07
- 07/23/07, 07/24/07, 07/23/07, 07/25/07, 07/30/07, 08/06/07, 08/09/07, 08/22/07, 09/05/07, 09/11/07, 09/13/07, 09/19/07, 09/20/07, 09/21/07, 09/28/07, 10/01/07
- 08/02/07, 09/07/07, 02/22/08, 03/13/08
- 08/07/07, 08/30/07, 09/11/07, 09/13/07, 09/19/07, 09/21/07, 09/28/07, 10/01/07, 10/12/07, 11/09/07
- M.D., 08/07/07, 11/09/07
- Center, 08/24/07
- M.D., 12/05/07
- D.O., 02/06/08, 02/13/08
- Injury Clinic, 02/13/08, 02/13/08, 02/14/08, 02/19/08, 03/04/08

Medical records from the Provider include:

- Injury Clinic, 03/19/08, 02/06/08, 02/13/08, 02/14/08, 02/19/08, 03/07/08
- Employers First Report of Injury or Illness, xx/xx/xx
- Medical Center, 07/21/07
- 07/23/07, 07/30/07, 08/06/07, 08/09/07, 08/30/07, 10/01/07, 10/24/07,
- M.D., 08/07/07
- 08/07/07, 08/30/07
- Imaging, 08/24/07
- M.D., 12/05/07
- 12/19/07
- 02/22/08, 03/13/08

PATIENT CLINICAL HISTORY:

The patient is a xx-year-old female who had a previous fracture of her left wrist as a child and a previous fracture of the right distal radius in 1999. On xx/xx/xx, she struck her right wrist when scanning an item at xxxx, the belt moved and pushed her hand into a metal part of the register. She was initially diagnosed with a contusion. Plain x-rays were within normal limits. The patient was splinted.

In an orthopedic evaluation on August 7, 2007, the patient had pain in the wrist, especially over the triangular fibrocartilage complex. The rest of the examination was normal.

The right wrist MR arthrogram of August 24, 2007 revealed a possible suspensory ligament tear between the navicular and greater multangular bones due to delayed info of contrast agent.

The patient was attended to in physical therapy at xxxx. On a physical therapy visit of October 1, 2007, the patient had completed seven sessions with one no show. Her pain was rated at 0. She noted some intermittent soreness with lifting.

A designated doctor evaluated the patient on December 5, 2007, and found her to have reached maximum medical improvement as of October 1, 2007, and a 0% impairment rating was opined. Her right wrist range of motion was noted as flexion 60 degrees, extension 60 degrees, radial deviation 30 degrees, and ulnar deviation 50 degrees.

The patient presented to D.O., on February 6, 2008, complaining of pain in her wrist with hand weakness and numbness. He indicated that she had a positive Phalen's sign, positive Tinel's sign, and positive Finkelstein's sign; however, he performs no sensory or motor examination. He makes diagnoses of right carpal tunnel syndrome, right wrist tenosynovitis, internal derangement of the right wrist, and neuropathic pain of the right hand and wrist.

The patient is seen in Injury Clinic for physiotherapy on February 14, 2008. The physiotherapist performing the examination noted right wrist flexion of 70 degrees, extension 67 degrees, supination 80 degrees, and pronation 80 degrees, all comparable and, in fact, in flexion exceeding left wrist range of motion. Strength was noted to be normal.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The patient sustained a contusion injury to the wrist on xx/xx/xx. She was found to have normal range of motion and a 0% impairment rating by a designated doctor. On physical therapy evaluation in February of 2008, the patient's wrist range of motion was again noted to be normal and with normal strength.

Based on clinical experience and the patient having normal range of motion and normal strength, a review of ODG Guidelines, as well as ACOEM Guidelines, the requested service is unnecessary and does not follow Standard National Guidelines regarding care.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES Pages 473 & 475**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**