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Notice of Independent Review Decision

DATE OF REVIEW: 03/11/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Item in dispute: Work conditioning program five times a week for three weeks.

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Medical records of Dr. dated 09/05/07 thru 09/13/07.
2. Physical therapy treatment records dated 09/07/07 thru 09/13/07.
3. Medical records of Dr. dated 09/20/07 thru 01/24/08.
4. Utilization review outcome dated 01/11/08.
5. Utilization review outcome dated 02/06/08.
6. IRO Assignment dated 02/21/08.
7. ***Official Disability Guidelines.***

PATIENT CLINICAL HISTORY [SUMMARY]:

The employee is a xx year old female who was reported to have sustained an injury to her right wrist on xx/xx/xx. The employee was employed by xxxxxx and reported that she was handling a receiver when she hit her right hand causing pain in the right wrist.

The employee was evaluated by Dr. on xx/xx/xx. The employee reported that she could not move her right wrist. She reported jamming her right hand and fingers. She reported pain intensity of 6/10. Symptoms were exacerbated by manipulation or movement. She reported being unable to grasp objects. On physical examination, the wrist showed no deformity, no ecchymosis, no effusion, and no erythema. She had a normal radial pulse. She had decreased grip strength. She had decreased interosseous strength. She had decreased active range of motion in all directions with pain. She had mild swelling of the dorsum. There was tenderness to palpation over the EPB tendons and the APL tendons. The remainder of the wrist examination was unremarkable. Radiographs taken at that time were reported to be negative involving both the right hand and wrist. Examination of the right hand revealed no deformity, no ecchymosis, and no effusion. There was pain with extension. There was tenderness to palpation. There was pain with resisted motion. The employee was diagnosed with a contusion of the right hand. She was recommended to go to physical therapy three times a week for two weeks, and she was provided hot and cold packs.

The employee was seen in follow-up on 09/13/07. She reported her pattern of symptoms were no better. She had been working within duty restrictions and taking her oral medications. The employee reported she had undergone physical therapy four times and felt worse. The pain was located on the dorsal aspect of the right wrist. On physical examination, the employee was in moderate distress. She continued to have tenderness with active range of motion. She had decreased grip strength, decreased active range of motion. She had joint tenderness. She had tenderness to palpation over the EPB tendons. The remainder of the wrist examination was normal. The employee was diagnosed with radial nerve entrapment.

The employee was subsequently referred to Dr. on 09/20/07. She reported having to perform repetitive work as a xx for xxxx when she began experiencing some difficulty lifting her right hand. She reported she could not extend the wrist. She reported experiencing numbness to the thumb, as well as some tingling into the fingers.

The employee was seen at xxxx and underwent four sessions of therapy, which was reported to help; however, her symptoms still persisted to a degree. The employee denied any neck pain. On examination, the wrist demonstrated that she was able to extend the right wrist to about 10 degrees of dorsiflexion. She had good palmar flexion. She was unable to extend the metacarpophalangeal joints of her fingers but was able to extend the IP joints of the fingers. She had no palpable tenderness throughout the forearm, the wrist, or the elbow. No swelling was noted, and she was intact to sharp/dull at the median, radial and ulnar nerves. The employee was diagnosed with a probable posterior interosseous nerve entrapment. She was placed into a cock-up splint. She was additionally recommended to undergo an EMG/NCV study of the right upper extremity.

The employee was seen in follow-up on 10/22/07. At that time, she was reported to have improvement in extension of her wrist and the metacarpophalangeal joints. She still reported tingling and numbness into the thumb and index finger. On examination, the right wrist demonstrated dorsiflexion to 45 degrees. She did have extensive metacarpophalangeal joint sprain. Watson maneuver was positive. Forearm compartments were soft. There was slight tenderness of the dorsal wrist. Dr. reported that he initially felt that the nerve studies indicated that the employee had symptoms suggestive of some nerve irritation. It was felt first to be present in the posterior interosseous nerve; however, this seemed to be resolving. She was demonstrating some symptoms consistent with carpal tunnel. She would be followed up in three weeks. She would complete her previously prescribed therapy program. The employee was reported to be working light duty with no grasping of the right hand.

The employee was seen in follow-up on 11/19/07. She reported that she still had soreness throughout the wrist, hand, and forearm, and when she raised her shoulder, she experienced discomfort into the forearm. Therapy had not improved, nor had EMG/NCV studies been approved. Examination of the right wrist demonstrates mild discomfort with range of motion. There was no swelling. The hand demonstrates slight tenderness dorsally. Forearm compartments demonstrated some mild tenderness at the dorsal compartment. Range of motion to the elbow and shoulder were full. The employee was subsequently referred for a Functional Capacity Evaluation (FCE) for a work conditioning program.

The employee underwent an FCE on 12/04/07. The employee was reported to be currently working a light duty position. The employee's current physical demand level was up to 25 pounds occasionally and was classified between light and light-medium. For repetitive physical demand level, the employee was up to 15 pounds, and therefore, she was limited to sedentary for her overhead reach and lift. The record indicated that the employee had been employed for approximately three months by this company. Upon examination, the employee was reported to have 4/5 strength in the right upper extremity. The employee was reported to be a candidate for a work conditioning program.

The employee was seen in follow-up on 12/13/07. At that time, she continued to experience discomfort with grasping and lifting. She had pain throughout the hand and wrist. She had recently undergone an FCE. Review of the FCE indicated decreased grip strength, decreased endurance tolerance, and decreased repetitive fingering and pinching. She was recommended for a work conditioning program. On examination, the employee had tenderness along the dorsal aspect of the wrist. There was no significant swelling noted. She had decreased grip strength and discomfort with range of motion of the wrist. Dr. recommended that the employee undergo a work conditioning program.

The employee was seen in follow-up on 01/02/08. The employee was reported to have continued pain of the wrist. She still had tingling and numbness into the fingers, specifically in the thumb. The EMG/NCV test had not been approved. The employee was reported to have received an injection into the wrist which helped temporarily, but she had pain with grasping and lifting. Upon examination of the right wrist, there was no significant swelling. There was tenderness, and dorsally there was discomfort with dorsiflexion and palmar flexion beyond 30 degrees. The employee was recommended to undergo MRI of the wrist. She was provided a topical Ketoprofen cream. She was allowed to return to work on a modified duty status.

The records included a chart note dated 01/14/08, which indicated that a peer review was performed with Dr.. Dr. indicated that he would deny this since she has only been at her job for three months, had been off her job at light duty, and was still experiencing symptoms. Dr. was going to recommend a home exercise program. The record included Dr. denial; however, the carrier note did not indicate Dr. rationale.

The employee was seen in follow-up on 01/24/08. Dr. reported that the employee was disapproved for a work conditioning program. Upon examination, the right wrist demonstrated tenderness to the first dorsal compartment. Finkelstein's sign was positive. There was mild tenderness to the dorsoulnar aspect of the wrist. The forearm compartments were soft. The employee underwent an injection with Dexamethasone and Lidocaine to the first dorsal compartment. The employee's diagnosis now included de Quervain's tenosynovitis. The employee was recommended to obtain an MRI of the right wrist. She was continued on modified activity.

On 02/06/08, a peer review was performed by Dr.. Dr. recommended against work conditioning five times a week for three weeks. He cited that there was no clear documentation of physical recovery sufficient to allow for progressive reactivation and participation for a minimum of four hours a day for three to five days a week.

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

I would concur with the two previous reviewers that work conditioning five times a week for three is not medically necessary at this time.

Review of the employee's record indicates right wrist pain as a result of alleged repetitive activity. The employee has been employed by her employer for approximately three months. Through the course of the employee's treatment, her diagnosis has changed from contusion to wrist pain. There have been suggestions of carpal tunnel syndrome, and now the employee has recently been diagnosed with de Quervain's tenosynovitis. Clearly the employee has continued

dysfunction involving the right wrist and has not recovered sufficiently for her to fully participate in a work conditioning program. There was no indication based on the historical data that the employee would benefit from the program.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

1. ***Official Disability Guidelines***, Return To Work Guidelines (2007 Official Disability Guidelines, 12th edition) Integrated with Treatment Guidelines (ODG Treatment in Workers' Comp, 5th edition) Accessed Online