



Southwestern Forensic  
Associates, Inc.

**DATE OF REVIEW:** 06/01/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Three office visits over a six-month period.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

DC, in clinical practice for approximately 29 years, certified in Sports Medicine and Peer Review, having taught at an accredited college for two years

**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:**

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This case involves a female approximately who was injured on xx-xx-xx. She stated her hand was caught in the rollers, and a box was shoved over her hand. She was seen at the emergency room and given a splint and started on an anti-inflammatory medication.

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

The physician review on 04/02/09 stated that ODG would expect the need for a clinical office visit with healthcare providers individualized “based upon a review of the patient’s concerns, signs, and symptoms, clinical stability, and reasonable physician judgment.” The physician reviewer stated further that currently none of the medications in the aforementioned medication regimen are indicated for chronic pain secondary to a wrist sprain. The patient at this time is taking nonsteroidal anti-inflammatory medication and antidepressants.

It is not uncommon for pharmaceutical intervention and medications such as nonsteroidal anti-inflammatory medication and antidepressants to have clinical side effects which can be detrimental to the patient’s physical and mental health. It should be reviewed on a periodic basis either through a one-on-one office visit and/or laboratory testing. It is the opinion of this reviewer that three office visits over a six-month period of time is not unusual to monitor the effects of the medications that have been prescribed.

**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.)