

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office Visit (99215,99080)

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

M.D., Board Certified Physical Medicine and Rehabilitation

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

Official Disability Guidelines

Request for IRO dated 11/15/11

Utilization review determination dated 09/06/11

Utilization review determination dated 10/17/11

Clinical records Dr. 07/06/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx. A mechanism of injury is not described. She is noted to be 5'9", well developed and well nourished, physical deconditioned and exogenously obese. She is reported to have ongoing chronic distress regarding palmar aspect of bilateral hands including fingers of bilateral hands and left forearm and left elbow diffusely. She reported her conditions are unchanged. She is noted to have tenderness to palpation in left superior trapezius. She is reported to have pain with end range of motion of the cervical spine. She has numbness and tingling with sustained end range of motion testing of bilateral wrists. Tinel's is positive bilaterally. Phalen's is positive bilaterally. Finkelstein's is negative bilaterally. The claimant is noted to have 4- to 5+ strength and bilaterally equal in upper extremities. Light touch is intact throughout except bilateral C6, C7 and C8 dermatomes. Reflexes are 2+ and symmetric. She is noted to have undergone EMG/NCV studies, which are reported to be normal. She has been provided wrist supports, treated with oral medications, and is noted to be using topical compounded medication of Ketoprofen 20%, Baclofen 15%, Gabapentin 0.6%, and Lidocaine 0.2%.

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

The record does not contain any historical information regarding treatment modalities to date.

The claimant is noted to be on topical compounded cream, the efficacy of which is uncertain. However, the records fail to detail the claimant's response to this medication. There is no clinical indication for serial urine drug screens or other compliance testing given the claimant is only using transdermal cream. The reviewer finds there is insufficient data to establish medical necessity for continued follow-up visits. There is not a medical necessity at this time for Office Visit (99215,99080), and the previous adverse determination/adverse determinations should be upheld.

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

ACOEM-AMERICA 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

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)