



Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 05/02/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

GO283, Electric Stimulation; 97012, Mechanical Traction; 97012 Therapeutic Exercises, 97124, Massage Therapy. 3 times a week for 2 weeks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., practicing clinician for approximately 30 years in the field of Chiropractic.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

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

INFORMATION PROVIDED FOR REVIEW:

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The case revolves around a patient who fell onto the wrist, injuring the wrist, neck, and back on approximately xx/xx/xx. Physical therapy injections for de Quervain's and other medical treatment has been provided. The provider is now asking for physical therapy three times a week for two weeks approximately fifteen months post injury.

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

The patient fell on the left wrist and had an initial trial of physical therapy in January 2010 and was referred to an orthopedist for evaluation and was sent to a hand specialist. Consequently she had an MRI scan of the left wrist and further treatment including injections. An EMG/nerve conduction study reported mild carpal tunnel syndrome on the left, and the patient had therapy and injections with little indication of benefit. reviewed the case and sent a response dated 02/25/11 and after request for consideration on 03/11/11, again denied services as being approximately x months post injury, and previous treatment has had little response. Based upon ODG and other guidelines, the

determination is to uphold the adverse determination.

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.)