



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 03/13/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work conditioning five times a week for two weeks of approximately 40 hours

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., practicing for approximately 30 years in the field of Chiropractic and Sports Medicine with specialty qualifications in Sports Medicine, Peer Review, and Manipulation Under Anesthesia and having served as a post graduate instructor

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:

I reviewed approximately 244 pages submitted from to the IRO. There were at least two submissions of all the documents which are delineated as the following:

1. Initial evaluation on 12/21/10 from; five pages, follow-up note, five pages, 01/07/11; follow-up note, five pages 01/21/11; follow-up note, five pages, 02/04/11; follow-up note, five pages, 03/04/11; follow-up note, five pages, 04/04/11
2. Therapy notes from including progress notes from 12/20/10, 12/22/10, 01/03/11, 01/10/11, 01/24/11, 02/08/11, 02/22/11, 03/09/11, 03/23/11, 04/07/11
3. Initial evaluation, three pages in length, 03/23/11, from
4. Left wrist x-ray report, one page in length, 03/21/11
5. Initial evaluation, two pages in length, 05/16/11.; follow-up note, two pages in length, 05/23/11; follow-up note, two pages, 06/20/11
6. Neurologic consultation, four pages in length, 07/01/11,
7. Copy of EMG/NCV study, three pages in length, 07/01/11
8. Follow-up note, two pages in length, 07/15/11,
9. Designated Doctor Evaluation report, 07/16/11, six pages

10. Follow-up note, 08/12/11, two pages in length,
11. Prescription for therapy, 08/12/11, for work conditioning and FCE
12. Follow-up report from four pages in length, 07/16/11
13. Nuclear medicine bone scan report, two pages in length, 08/10/11
14. Follow-up note from two pages in length, 10/14/11
15. Prescription therapy note for an FCE, 10/14/11
16. FCE results, twelve pages in length, 11/02/11
17. Industrial Rehab Comprehensive Care Plan summarizes treatment goals and FCE, one page
18. FCE, 02/07/12, eighteen pages in length
19. Follow-up from 02/09/12, two pages in length

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient was injured when he slipped and fell and hit his left wrist on the window frame.

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

On 07/16/11 a Designated Doctor, had found that the examinee had not reached MMI at the time and was expected to reach it at a future date. He also recommended that the examinee undergo physical therapy and obtain an EMG/NCV study of the upper extremities that was previously recommended by.

On 02/14/12 for stated there was no EMG/NCV study supplied to her for whatever reason, and without that information, it was not clear that all diagnostic studies and/or treatment recommendations had been rendered and considered. As such, medical necessity for work conditioning is not established. She also cited the ODG work conditioning physical therapy guidelines according to the Wrist Chapter in that work conditioning participation does not preclude concurrently being at work.

Earlier on 01/20/12 reporting for also cited the ODG Guidelines for treatments for Workers' Compensation in Chapter Forearm, Wrist, and Hand and stated that the work conditioning was recommended as an option depending on the available of quality programs and should be specific for a job the individual is going to return to. He also further states in a later paragraph there was likewise no objective documentation indicating failed attempts to return to work even on modified or restricted duties.

According to the documentation supplied, the employer was contacted regarding return to work for the patient to light duties based upon the FCE. However, the employer stated there were no light duties indicated, and he would have to return according to the PTL category of heavy, which the patient has not obtained at this point. Therefore, an attempt should be made for work conditioning to return the patient hopefully to a PDL of heavy so that he may meet the employer's standards and return to work as soon as possible.

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.)