**IRO NOTICE OF DECISION – WC**

Claims Eval

Notice of Independent Review Decision

**June 23, 2014**

**IRO CASE #:**

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

Full thickness skin graft to thumb and middle finger; Surgical release of severe contractures of the right thumb and index finger; Index, middle, ring and small fingers, 26123, 15240, 26525, 25340; Right middle and ringer finger with manipulation under anesthesia of right thumb; Release radial, ulnar collateral ligament, dorsal capsulotomy PIP joint

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

American Board of Orthopaedic Surgery

**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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Xx/xx/xx Medical Response.

Xx/xx/xx the claimant is here after R arm got trapped at work, had to be extricated, not much bleeding at scene but had tourniquet placed by bystanders. RHO, no other injuries 200 mics fentanyl PTA here
Physical Exam: AAOx3, pale and clammy, mild distress from pain, NL WOB, no abd pain, R arm with complex deep spiral laceration with venous bleeding, muscle expose, start mid FA and wraps around to the mid biceps area, limited ROM, mangled hand, swollen, hand, lacerations to palm, fingers are deformed, good sensation, minimal motion to fingers and wrist. L arm normal, legs normal, face normal, airway clear.
Problems: Complex crush injury to R arm and hand with vascular and bony injuries
Medical Decision Making: Level 2 trauma activation, they assumed care after primary survey, analgesia, hemostasis, npo.

Xx/xx/xx Lab work performed.

Xx/xx/xx the claimant R hand got pulled this AM approx 10:30 AM. The claimant brought in by EMS who previously used tourniquet for approximately 15 minutes due to venous bleeding. Claimant admits to severe pain and some diminished sensation as well as weakness and inability to completely move his digits. Plan: Admit to ortho. Consented for OR today. Irrigated in ED, elbow joint injected-closed injury.

Xx/xx/xx the claimant had a pre-anesthesia evaluation.

Xx/xx/xx preoperative and postoperative diagnosis: Right arm wound, status post degloving injury, right hand open 2nd and 3rd carpometacarpal (CMC) dislocations, multiple hand lacerations, 5 centimeters total, right thumb nail bed injury.
Procedure: Excisional debridement of right arm wound. Complex partial closure of right arm wound. Debridement of right hand open carpometacarpal (CMC) dislocations. Open reduction and pinning of 2nd and 3rd carpometacarpal (CMC)

dislocations. Repair of hand lacerations. Nail bed repair. Application of wound vacuum-assisted closure (VAC).

Xx/xx/xx X-ray of the chest showed no significant abnormality identified.

Xx/xx/xx X-ray of the right shoulder showed limited range of motion. Additional imaging is recommended if there is concern for subtle saturation or dislocation at the glenohumeral joint, osteopenia with degenerative changes. No acute osseous abnormality is seen.

Xx/xx/xx X-ray of the right hand showed right forearm: Soft tissue swelling and soft.

Xx/xx/xx X-ray of the right forearm showed right forearm: Soft tissue swelling and soft tissue gas of the right forearm, elbow and wrist. Right hand: Extensive injury of the light hand and west. Extensive soft tissue gas. Radial dislocation of the third carpometacarpal articulation. Fragmentation along the second metacarpal phalanges joint as well as along the dorsal aspect of the carpometacarpal junction. Extensive soft tissue gas consistent with open injury. There is at least subfuxa sort at the first carpometacarpal articulation. Fingers are vexed, obscuring phalanges. The third ray is also radially deviated-rotated.

Xx/xx/xx X-ray of the right humerus showed soft tissue disruption partially vistmated in the elbow region. Linear lucency over the lateral aspect of the distal numeral metadiaphysis is probably in the overlying soft tissues as it extends beyond the lateral cortex or the humerus however a nondisplaced fracture is not excluded. Dedicated right elbow radiographs would be helpful for further evaluation when clinically appropriate.

9-4-13 Physical Therapy Evaluation.

9-4-13 Post Anesthesia Evaluation Note.

Physical Therapy on 9-5-13, 9-6-13, 9-11-13, 9-13-13.

9-10-13 the claimant had a pre-anesthesia evaluation. Preop diagnosis: Right forearm-elbow wound.

9-10-13 preoperative and postoperative diagnosis: Right forearm-elbow wound. Procedure: Upper extremity irrigation and debridement. Wound VAC assisted closure (VAC) placement. Split thickness skin graft. Splint application.

9-14-13 the claimant Arm got caught. Post op course uncomplicated. WV removed on POD 5 with evidence of good take of skin graft. He had wound care teaching and demonstrated competency taking care of his skin graft. He expressed his desire to

return home. His pain was well controlled on PO meds. He was discharged with follow up on 9-25. Physical Examination: Dressing: dressings and wound vac taken down today; tissue healthy appearing and well-healing; graft demonstrating signs it is taking; minimal swelling; no erythema; skin graft intact; sutures and pin sites of hand intact. Diagnosis: Crush injury upper limb, dislocation of metacarpal joint, radial dislocation of the third carpometacarpal articulation. There is at subluxation at the first carpometacarpal articulation. Metacarpal bone fracture, fragmentation along the second metacarpal phalangeal joint as well as along the dorsal aspect of the carpometacarpal junction. Plan: The claimant was prescribed Bacitracin, Hydrocodone, Docusate Sodium, Methocarbamol, Promethazine.

9-23-10 the claimant is status post work accident and status post I&D, wound closure and skin graft to R arm now presents with concern for wound infection. The claimant discharged from hospital. Denies fevers or chills. States he has had continuous yellow serous drainage. Also states hand has had on and off swelling and proximal pin is digging into skin of R hand. Plan: X-ray of the CBS, ESR, CRP ordered. Return to ortho clinic. Pain control per Emergency Room.

9-25-13 the claimant returned for follow-up. Sutures-staples removed today. The claimant was prescribed Norco, Hydroxyzine. Apply bacitracin. OT therapeutic modalities including ROM and wound care.

9-25-13 X-ray of the right hand showed K wires have been placed across the second and third carpometacarpal joints and the bases of the first through fourth metacarpals with reduction of the dislocations since the prior exam. Trapezcid appears comminuted and possibly displaced. Hamate fracture displacement is also suspected.

10-2-13 Physical Therapy Evaluation.

Physical Therapy on 10-15-13, 10-17-13, 10-22-13, 10-25-13, 10-28-13, 10-22-13, 10-25-13, 10-26-13, 10-28-13, 10-30-13, 11-4-13, 11-6-13, 11-15-13, 11-20-13, 12-2-13, 12-4-13, 12-9-13, 12-11-13, 12-13-11, 12-16-13, 12-18-13, 12-20-13, 12-27-13.

11-1-13 the claimant's arm pulled. Impression: Status post degloving with neuropathy, doing okay. Plan: The claimant was prescribed Prazobin. Wound care. Surgery planned: Unsure. Psychology: Distressed as expected. Psychology referral. Pain control: Hydrocodone. Sleep: Other: disrupted. Will monitor. Return to light duty work approximately: 3-6 months. Return to full duty work: unknown. MMI: 12 month(s). Follow-up: 2 weeks.

12-6-13 Fax coversheet.

Follow-up visit on 12-9-13 notes the claimant was prescribed Gabapentin. Refilled Hydrocodone. The claimant referred to ortho for hand to evaluate for release. Refer to psychology for nightmares.

12-31-13 Fax coversheet.

12-31-13 Physical Therapy Evaluation.

Physical Therapy on 12-31-13, 1-6-14, 1-8-14, 1-10-14, 1-13-14, 1-15-14.

Follow-up visit on 1-10-14 notes the claimant is doing ok. The claimant referred to ortho for hand to evaluate for release. Refer to psychology for nightmares.

2-24-14 14 the claimant states that he injured his right arm. The claimant complains of constant sharp shooting pains that worsens with rom. Also complains of pain on right shoulder and right side of neck. The claimant states loss of feeling lower part of right arm from elbow to wrist. The claimant had surgery on 9-10-13 to repair arm. The claimant was on Norco, Neurontin, states she has no medications. Diagnosis: Complex right upper extremity crush and avulsion injury, secondary scar contractures, probable neuropathic pain, rue chronic pain and narcotic dependence, secondary right shoulder and cervical strain, chronic cervical and right shoulder strain, decreased motion. Plan: The claimant counseled and advised to wean off narcotic analgesic medications, but he needs referral for chronic pharmacologic pain management. Referral for hand surgery consultation and probable surgical contracture release.

2-25-14 Utilization Review Referral Form.

3-24-14 the claimant complains of pain increase in right arm. Diagnosis: Complex right upper extremity crush and avulsion injury, secondary scar contractures, probable neuropathic pain, rue chronic pain and narcotic dependence, secondary right shoulder and cervical strain, chronic cervical and right shoulder strain, decreased motion. Plan: The claimant referred to hand surgery and pain management specialty consultation.

3-24-14 lab work performed.

3-28-14 the claimant has suffered a significant injury involving his right upper extremity with substantial soft tissue loss about the elbow and forearm requiring skin grafting. The wounds involving the hand have resulted in severe contractures with limitation of movement of all digits most marked in the thumb, middle, and ring fingers. The degree of deformity of the digits does result in a substantial handicap for using the right hand. The middle and ring fingers cannot be cleared to grasp even a moderate-sized object. Further, the substantial limitation in active excursion

of the digits further results in complete compromise of gripping capability. This claimant requires surgery for the lack of motion in the digits of the hand. Release of the palmar contracture extending to the thumb and middle finger is necessary and appropriate with application of a full-thickness skin graft to both locations. Further, release of the severe contracture involving the PIP joints of both the middle and ring fingers is required which will likely necessitate temporary pin placement across these joints. In addition, manipulation under anesthesia of the restricted joints involving all digits of the hand at the time of surgery will help to ensure maximal range of motion in each digit of the hand. Immediate hand therapy following the surgery is absolutely required to ensure maintenance of range of motion after the surgery. Of note, the surgery is largely limited to attention to the severe contractures involving the hand as a result of soft tissue deficiency. Fortunately, there is no evidence of residual ill effects from the prior dislocations involving the carpometacarpal joints. Although the claimant does have a substantial injury in significant scarring about the proximal elbow and forearm, the evaluator would not recommend surgical attention for this portion of the injury. The risks, benefits and alternatives to surgery were discussed with the claimant today who is most desirous of proceeding with the proposed procedure due to the symptomatic nature and decreased motion of the digits. As such, the evaluator is requesting authorization to perform surgical release of the severe contractures involving the right thumb and index finger with full-thickness skin grafts to the thumb and middle finger with release of the radial and ulnar collateral ligaments and dorsal capsulotomy of the PIP joints of the right middle and ring fingers with manipulation under anesthesia of the right thumb, index, middle, ring, and small fingers. The surgery will be performed on an outpatient basis and will be followed by immediate postoperative hand therapy 3 times a week for 4 weeks. In order to expedite implementation of the therapy, I am also requesting authorization for 12 post operative hand therapy visits in order to regain range of motion. Additionally, electro diagnostic testing is in order given the degree of sensory loss in the hand. Based upon his examination today, he would anticipate that the electro diagnostic testing will not demonstrate substantial compressive neuropathy involving either the median or Wrier nerve. However, given the degree of loss of sensation in the digits, the study is quite necessary and appropriate from a prognostic standpoint in regards to the sensory loss.

3-28-14 Request for Authorization for Medical Treatment.

4-3-14 the claimant complains of frequent sharp pain travels from his neck down his spine and out to his right arm with numbness to his fingers, pain is the worst at night. Diagnosis: Complex right upper extremity crush and avulsion injury, secondary scar contractures, probable neuropathic pain, rue chronic pain and narcotic dependence, secondary right shoulder and cervical strain, chronic cervical and right shoulder strain, decreased motion. Plan: The claimant was prescribed

Gabapentin. The claimant was seen by hand surgeon and he is requesting surgery to his right hand.

4-4-14 performed a Designated Doctor Evaluation. He certified the claimant had not reached MMI and estimated 5-3-15 as the date of MMI. The claimant needs extensive subspecialty care, which hopefully will be provided and promptly approved by the insurance. The evaluator will pm-approve all treatments. Specifically, the claimant clearly needs release of the middle and ring finger PIP joints and he clearly needs scar tissue removal with Z-plasty of the palm, but he may need extensive other treatment, which may include additional treatment at the base of the thumb, He also needs conservative treatment for motion of the wrist, the elbow and the shoulder, which may include a manipulation. He should have some conservative treatment of the neck. For the moment, the claimant is in need of much active treatment, is not MMI, cannot be released, and cannot have an impairment rating. His treatment probably is going to go on 6 to 12 more months from now. The evaluator would be happy to see him in the future; however, as he has discussed in his record review, he actually is recommending, for a final rating, if send the claimant to a hand specialist such as his current new doctor. There are obviously many others in the state. The evaluator would be happy to do it, but actually a more complete final evaluation should be done by a Fellowship-trained hand surgeon. The evaluator has no other comments.

Follow-up visit on 4-14-14 notes the claimant was continued with Gabapentin and Norco.

4-25-14 Proof of Service: RFA Request for Authorization dated 3-28-14.

5-1-14 performed a Medical Review. It was his opinion based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request for surgical release of severe contractures of the right thumb and index finger, full thickness skin graft to thumb and middle finger, release of radial, ulnar collateral ligament and dorsal capsulotomy of PIP joint, right middle and ring finger with manipulation under anesthesia of right thumb is non-certified. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The mechanism of injury occurred when the patient's arm got stuck, which resulted in a severe crush injury of the right hand and elbow, with a degloving injury to the antecubital fosse and forearm. The patient's current medications include an unspecified dose and frequency of hydrocodone and gabapentin. Surgical history includes a right hand surgery with stabilization of carpometacarpal dislocations and surgical attention to the multiple wounds of the right arm, on xx/xx/xx. The patient also received a split thickness skin graft in xx/xxxx, after the initial surgery. Diagnostic studies include x-rays of

the right hand, obtained on 03/28/2014, which revealed preservation of the PIP joints of the middle and ring fingers, with no substantial additional joint injury. Other therapies include extensive postoperative physical therapy, activity modification and medications. The patient is a male who reported an injury on xx/xx/xx. Despite surgical and therapeutic interventions, the patient presents with severe contractures of the right hand and fingers. The Official Disability Guidelines recommend contracture release for patients with contractures at the PIP or DIP joints, rapid progression of finger contracture, symptomatic fibromatosis or contracture at the metacarpophalangeal joints, that interferes with function. Currently, the patient has contractures at the PIP joints of the right middle and ring fingers as well as at the metacarpophalangeal joint of the right middle finger. There was also note of an adduction contract of the right thumb and irregularity involving the nail plate of the thumb. As the patient exhibits at least 2 of the conditions considered medically necessary for a contracture release, surgical intervention is appropriate at this time. However, the request is also for manipulation under anesthesia of the thumb, which is not recommended per guidelines. Until the necessity for the latter procedure can be clarified, the request for a surgical release of severe contractures of the right thumb and index finger, full thickness skin graft of thumb and middle finger, release of radial, ulnar collateral ligament and dorsal capsulotomy of PIP Joint, right middle and ring fingers with manipulation under anesthesia of the right thumb is non-certified.

Determination: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified.

5-4-14 supplemental report: appeal of U-Review denial- request for reconsideration.

5-30-14 Medical Review. It was his opinion based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request for appeal full thickness skin graft to thumb and middle finger, appeal surgical release of severe contractures of the right thumb and index finger, appeal index, middle, ring, and small fingers 26123, 15240, 26525, 26340, appeal right middle and ring finger with manipulation under anesthesia of right thumb, appeal release radial, ulnar collateral ligament, dorsal capsulotomy PIP joint is non-certified. The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. The mechanism of injury was a crushing injury. Medications, surgical history, diagnostic studies, and other therapies were not submitted. The patient is a male who reported an injury on xx/xx/xx. The mechanism of injury was a crushing injury. The patient was diagnosed with crushing injury to the hand(s). This is an appeal case. The case was previously denied due to

the guidelines not recommending manipulation under anesthesia for the thumb. The supplemental report and appeal of denial dated 05/04/2014 stated multiple requests were made including a request for surgery, postoperative therapy, as well as nerve conduction studies. The patient is a male who sustained a significant crush injury to the right hand. The patient had significant contractures involving multiple digits of the right hand as a result of the severe crush injury. The patient had marked compromise in range of motion of each digit of the right hand that was clearly documented and the etiology of the contractures was noted. The surgery was absolutely required to relieve all the ill effects of the industrial injury. The patient could not reach a point of maximum medical improvement without surgery and had significant functional deficits in limitations in the use of the right hand. The patient developed post injury numbness involving the fingers in the affected hand. Ruling out a posttraumatic carpal tunnel condition was medically indicated based on the degree of sensory loss in the right hand and the associated proximal discomfort of the left wrist. The patient had fixed contractures of the MP, PIP, and DIP joints. stated that given the unique anatomy of the collateral ligaments at the PIP level, release of the collateral ligaments with a possible capsulotomy was necessary given the inevitable secondary structures involving these joints. The process was not necessary at the MP and PIP levels as the collateral ligaments of those joints were not prone to secondary contractures. However, the simple release of the collateral ligaments and capsulotomy at the PIP joints would not in itself restore digit range of motion. As such, the manipulation under anesthesia would result in the necessary correction of the passive range of motion restriction to each of these joints. The clinical documentation submitted for review does not meet the Guideline recommendations. CA MTUS/ACOEM does not address the request. The Official Disability Guidelines state Dupuytren's release is recommended with contracture at the proximal interphalangeal joint or distal interphalangeal joint or rapid progression of finger contracture or symptomatic fibromatosis in the hand or contracture of the metacarpophalangeal joint that interferes with function. The patient was recommended a surgical procedure for the right hand due to a crushing injury; however, the Guidelines do not recommend manipulation under anesthesia for the wrist, hand or fingers. Given the lack of documentation to support Guideline criteria, the request for APPEAL; Surgical Release of Severe Contractures of the Right Thumb and Index Finger, Full Thickness Skin Craft to Thumb and Middle Finger, Release of Radial, Ulnar Collateral Ligament and Dorsal Capsulotomy of PIP Joint, Right Middle and Ring Finger with Manipulation under Anesthesia of Right Thumb, Index, Middle, Ring, and Small Fingers 261233 5240, 26525, 26340 is non-certified.

6-16-14 Fax coversheet.

Independent Review Portal IRO Request Details.

6-17-14 Request Form.

6-17-14 Notice to Claims Eval of case assignment.

6-17-14 Fax coversheet to: Claims Eval.

6-17-14 Fax coversheet.

6-17-14 Notice to utilization review agent of assignment to independent review organization.

6-19-14 Staff Counsel Trial Attorney, is seeking Surgical Release of Severe Contractures of the Right Thumb and Index Finger, Full Thickness Skin Graft to Thumb and Middle Finger, Release of Radial, Ulnar Collateral Ligament and Dorsal Capsulotomy of PIP Joint, Right Middle and Ring Finger with Manipulation under Anesthesia of Right Thumb Index, Middle, Ring, and Small Fingers 26123, 15240, 26525, 26340 for claimant to treat the effects of the compensable injury sustained on xx/xx/xx. The request for Surgical Release of Severe Contractures of the Right Thumb and Index Finger, Full Thickness Skin Graft to Thumb and Middle Finger, Release of Radial, Ulnar Collateral Ligament and Dorsal Capsulotomy of PIP Joint, Right Middle and Ring Finger with Manipulation under Anesthesia of Right Thumb Index, Middle, Ring, and Small Fingers 26123, 15240, 26525, 26340 was submitted twice and was non-certified initially and on appeal by Carrier's URA. This Independent Review Request has been submitted for determination of whether the requested Surgical Release of Severe Contractures of the Right Thumb and Index Finger, Full Thickness Skin Graft to Thumb and Middle Finger, Release of Radial, Ulnar Collateral Ligament and Dorsal Capsulotomy of PIP Joint, Right Middle and Ring Finger with Manipulation under Anesthesia of Right Thumb Index, Middle, Ring, and Small Fingers 26123, 15240, 26525, 26340 are medically necessary and reasonable for treatment of the compensable injury. Conclusion: The IRO should uphold the denial of the requested Surgical Release of Severe Contractures of the Right Thumb and Index Finger, Full Thickness Skin Graft to Thumb and Middle Finger, Release of Radial, Ulnar Collateral Ligament and Dorsal Capsulotomy of PIP Joint, Right Middle and Ring Finger with Manipulation under Anesthesia of Right Thumb Index, Middle, Ring, and Small Fingers 26123, 15240, 26525, 26340 as not currently medically necessary healthcare. The IRO should uphold the denial of the requested Surgical Release of Severe Contractures of the Right Thumb and Index Finger, Full Thickness Skin Graft to Thumb and Middle Finger, Release of Radial, Ulnar Collateral Ligament and Dorsal Capsulotomy of PIP Joint, Right Middle and Ring Finger with Manipulation under Anesthesia of Right Thumb Index, Middle, Ring, and Small Fingers 26123, 15240, 26525, 26340 as not a reasonable medical benefit

for treatment of the injury. The documents submitted, the Official Disability Guidelines, and evidence based medicine standards do not support the Surgical Release of Severe Contractures of the Right Thumb and Index Finger, Full Thickness Skin Graft to Thumb and Middle Finger, Release of Radial, Ulnar Collateral Ligament and Dorsal Capsulotomy of PIP Joint, Right Middle and Ring Finger with Manipulation under Anesthesia of Right Thumb Index, Middle, Ring, and Small Fingers 26123, 15240, 26525, 26340 requested.

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

Medical Records reflect a claimant status post right hand crush injury who has undergone several surgical interventions. The claimant has contractures at the PIP joints of the right middle and ring fingers as well as at the metacarpophalangeal joint of the right middle finger. There was also note of an adduction contract of the right thumb and irregularity involving the nail plate of the thumb. There has been a request for additional surgical interventions.

Full thickness skin graft to thumb and middle finger: This procedure is not indicated, as the contracture release is not indicated.

Surgical release of severe contractures of the right thumb and index finger; index, middle, ring and small fingers, 26123, 15240, 26525, 25340: This procedure is not indicated, as this is not predictably associated with improved motion.

Right middle and ringer finger with manipulation under anesthesia of right thumb: This procedure is not indicated as guidelines do not support.

Release radial, ulnar collateral ligament, dorsal capsulotomy PIP joint: This procedure is not indicated as this is not predictably associated with improved motion.

Therefore, based on the records provided, the requested procedures are not reasonable or medically necessary, as stated above.

**Per ODG 2014 Indications for surgery:**
Dupuytren's Contracture Release is considered medically necessary for ANY of the following:
* Contracture at the proximal interphalangeal joint or distal interphalangeal joint; or
* Rapid progression of finger contracture; or
* Symptomatic fibromatosis in the hand; or

* Contracture at the metacarpophalanageal joint that interferes with function. (Unicare, 2006)

**Per ODG 2014 Manipulation Under anesthesia:** Not recommended for the wrist, hand or fingers. There are no high quality studies published in peer-reviewed journals accepted into Medline.

## IRO REVIEWER REPORT - WC

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

- ☐ 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 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)