



Specialty Independent Review Organization, Inc.

February 5, 2007

DWC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient: ____
DWC #: ____
MDR Tracking #: M2-07-0496-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Workers' Compensation has assigned this case to Specialty IRO for independent review in accordance with DWC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic with a specialty in Rehabilitation. The reviewer is on the DWC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

The above-mentioned person was injured on ____ while employed with _____. She had a right carpal tunnel release surgery (open) in late June 2006. She underwent occupational therapy times 18 visits. The September 22, 2007 note by Ms. Fierro indicates that a home exercise protocol was begun. In January of 2007, she was injected in the carpal tunnel, which yielded mild temporary improvement according to the notes. She was given a 2% WP impairment by the designated doctor.

RECORDS REVIEWED

Records were received and reviewed from the requestor, respondent and from the treating doctor. Records from the TD were received long after the due date; however, they were forwarded to the reviewer upon receipt and have been included in the review.

Records from the requestor include the following: 1/20/07 note by LaTreace Giles, RN, 9/14/06 peer review by J Welborn, MD, 10/4/06 peer review by K. Rosenzweig, MD, DD report by B. Whitehead of 12/19/06 and 1/3/07 note by Dr. Cameron.

Records from the patient include the following: DD report by Dr. Whitehead.

Records from the treating doctor include the following: daily notes from Dr. Bell from 1/10/07, daily notes from Dr. Cameron of 6/07/06 through 1/3/07, notes from Cecilia Fierro OTR of 07/17/06 through 9/22/06, note from Patti Grogan of 8/2/06 through 9/6/06, operative report of 6/27/06, notes from Sierra Medical Center of 6/15/06 (CBC panel, metabolic panel, EKG, general hematology, coagulation and chemistry profiles.

REQUESTED SERVICE

The requested services include the following CPT codes: 97530, 97140, 97110, 97018 and 971124 times 12 sessions (3 x 4).

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

The reviewer notes that ROM values and strength values to track patient progress objectively were not included by any party to the review. (i.e. PPE, FCE, MMT, etc) According to Brotzman, a four-week rehabilitation protocol is generally acceptable in the treatment of this injury. Complicated cases may go to six weeks for this diagnosis. This appears to be the treatment protocol utilized at this point in time. Scar desensitization techniques were utilized and proper neural gliding exercises were performed. Maxey indicates that as of day 43 (post surgical) the patient is generally in a home exercise protocol to continue with the benefits of the in office protocol.

Dr. Cameron's note of 9/18/06 indicates that he is concerned "that (it) is medically necessity to prevent RSD coming full blown in this patient." RSD or CRPS primary signs include severe hyperalgesia, edema and rapid onset stiffness. Secondary signs include vasomotor changes, osteopenia, temperature sensitivities, trophic changes, fibrosis, increase sweating, skin changes and dystonic posture of limb. According to the records included, there is little to no evidence of a majority of these symptoms; therefore, the reviewer indicates this diagnosis is not likely present. Should CRPS be established via diagnostic means then this procedure may be appropriate. The

notes of this general period of time indicate that the patient has good strength of the digits. Tenderness over the surgical site is noted of a minimal nature on notes in September. Return to work was not addressed in the provided notes; however, the peer reviewer indicates the patient did in fact return to work. Work restrictions were noted but not described in detail. Therefore, an in office protocol does not appear to be a medical necessity at this point when it is compared to a home office protocol.

Lastly, the patient was placed at MMI by the DD, B. Whitehead, MD, with a 2% WP impairment. Although this doesn't necessarily preclude treatment, the treatment requested does not meet the medical necessity established by TLC 408.021.

REFERENCES

ODG Guidelines

Brotzman S, Wilk K Clinical Orthopaedic Rehabilitation, Second Edition, Mosby 2003 p 36-9

Maxey L, Magnusson J Rehabilitation for the Postsurgical Orthopedic Patient, 2001 p 101-19

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that the reviewing provider has no known conflicts of interest between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the IRO.

Sincerely,

Wendy Perelli, CEO

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with DWC- Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the Division via facsimile, U.S. Postal Service or both on this 5th day of February 2007

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli