Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: APRIL 5, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of Work Hardening, 5XweekX3 weeks (97545-WH, 97546-WH)

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

The reviewer for this case is a doctor of chiropractic peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

XX Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
727.05	97545	WH	Prosp						Overturn
727.05	97546	WH	Prosp						Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO

Respondent records- a total of 23 pages of records received to include but not limited to:
IRO fee, letter, 3.20.07; MRI Rt Hand, 10.04.06, amended 1.31.07; Patient notes, Dr. 1.29.07-3.06.07; DDE, 2.7.07; Report, Dr. 2.16.07; letter, 2.27.07, 3.12.07

Requestor records- a total of 36 pages of records received to include but not limited to:
IRO narrative, 3.19.07; Request for reconsideration narrative, 3.5.07; Report, Dr. 1.8.07, 2.19.07; Patient notes, Dr. 1.5.07; Patient notes, Dr. 1.9.07; report, 1.31.07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured as a result of a work related injury in which he was struck in the hand with a falling carabiner. Since the time of the accident, the claimant received various medical consults, injections, physical therapy and tertiary care.

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

The claimant did not initially perform in his required PDL. There was initiation of work hardening after acute care had been exhausted. This program was initiated as a result of the inability to complete his required job demands. His job also revealed that he had to be able to return to full duty. During his initial week of work hardening, he improved significantly, thus justifying the need for a continuation of the already initiated work hardening program. The Texas Labor Code and the CARF guidelines and criteria for tertiary care, as well as, the clinical documentation provided for review clearly demonstrate that a continuation of work hardening was supported and medically necessary.

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**
- **XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- **XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- **XX 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)**

XX OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (CARF GUIDELINES, TEXAS LABOR CODE)