

# Parker Healthcare Management Organization, Inc.

**DATE OF REVIEW:** APRIL 16, 2007

**IRO CASE #:**

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

Medical necessity of physical therapy 3x week x 4 weeks-Rt elbow (G0283, 97140, 97110, 97530, 97004, 97033, 97035)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

**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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
726.32	G0283, 97140, 97110		Prosp	12					Upheld
726.32	97530, 97004, 97033		Prosp	12					Upheld
726.32	97035		Prosp	12					Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO

Respondent records- a total of 19 pages of records received from to include but not limited to: Notice of IRO, TDI HWCN Notice of IRO, letter 1.29.07, 2.8.07; Records, Orthopaedics, 1.16.07, 1.18.07, Upper extremity eval, preauth request, and therapy referral

Respondent records- a total of 117 pages of records received from to include but not limited to: Notice of IRO, TDI HWCN Notice of IRO, letter 1.29.07, 2.8.07, 4.5.07; Records, Orthopaedics, 9.13.05-1.18.07; various DWC 73 forms; Report, Dr. 9.28.05, 8.31.05, 8.9.06, 7.12.06, 8.23.06, 9.27.06; EMG report, 7.25.06; Chiropractic records, 9.12.05; Patient notes, Dr. 5.16.05-8.5.05; MRI Rt Elbow, 6.29.05;

Requestor records- a total of 42 pages of records received to include but not limited to: Records, Orthopaedics, 9.13.05-3.13.07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient sustained a work related on the job injury.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The patient has absolutely failed to improve with any of the treatment modalities based on review of the available records. Dr. who has seen this patient over an extended period of time, stated in his note of 3.13.07 that "therapy is going to help to settle this down, but it not going to make the tear go away." I agree with this statement. Many of the requested modalities are passive. There is no peer review literature to state that this will be beneficial after this length of treatment time, since the date of the injury.

It cannot be expected that further physical therapy will be beneficial, especially since it has never helped resolve his condition.

**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 KNOWLEDGBASE
- 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
- 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)**