

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** MAY 4, 2007

**IRO CASE #:**

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

Medical necessity of a work hardening program (97545 WH-CA and 97546 WH-CA) and 97002 from 8.25.06-9.27.06

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

The reviewer for this case is a Physical Therapist peer matched with the provider that would render the care in dispute, as per the preauthorization request. The reviewer is engaged in the practice of physical therapy on a full-time basis.

### **REVIEW OUTCOME**

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

Upheld (Agree)

Overturned (Disagree)

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

(Uphold Carriers decision to deny services on 9.15.06 for 97002 (reevaluation) and work hardening services on 9.25.06, 9.26.06, and 9.27.06; however, all other work hardening dates were medically necessary.)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
847.0	97545	WH-CA	Retro	16	8.25.06-9.20.06				Overturn
847.0	97546	WH-CA	Retro	96	8.25.06-9.20.06				Overturn
847.0	97002		Retro	1	9.15.06				Upheld
847.0	<u>97545/</u> 97546	WH-CA	Retro	<u>3</u> 18	9.25.06-9.27.06				Upheld

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

TDI-HWCN-Request for an IRO-112 pages

Respondent records- a total of 112 pages of records received to include but not limited to: letter, 4.10.07, review, 10.9.06; report, 9.21.06; records, 12.29.05-9.21.06; Medical history, 4.11.06; management note, 4.13.06; Dr. notes, 11.30.05, 3.2.06; notes, 10.19.05-10.28.05

Requestor records- a total of 233 pages of records received to include but not limited to: Medical record, 1.11.06-9.27.06; report, 9.21.06; Pt note, Dr., 11.9.06; PPE 12.29.05, 2.27.06; FCE 8.23.06

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

Client is a male employee, who reportedly experienced a work related injury to his cervical. MRI findings indicated C3- C4 hyperfacet inflammation on the right, severe narrowing of the right neuroforamina at C3-C4, C4-C5 right parasagittal disk herniation with mild foraminal encroachment, C5-C6 annular disc bulge with narrowing of right neuroforamina; and at C6-C7 severe narrowing of the left and with mild narrowing of the right neuroforamina. EMG/NCV studies revealed at right c4-C5 and left C7 cervical radiculopathy. Documented patient complaints include: aching/burning cervical pain with radiating symptoms in bilateral upper extremities down to fingers.

### **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/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

The medical records clearly indicate that work hardening was indicated based on an initial FCE revealing that the patient did not meet his job PDL, as he was performing skills in the SEDENTARY PDL, while his work requires skills in the MEDIUM PDL. In addition, a behavioral assessment indicated recommendations for a multidisciplinary work hardening program. All these records meet the requirements set forth by CARF for entry into a work hardening program. The patient's participation in work hardening up until his follow up FCE on September 21, 2006 was medically necessary. However, following his FCE on September 21, 2006, lack of objective data exists to support additional work hardening. Therefore, work hardening on 09/25/06, 09/26/06, and 09/27/06 are not supported medically.

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
- 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
- XX PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (Guide to Physical Therapy Practice)
- XX OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (CARF Standards, DOT Work Descriptions)