Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: AUGUST 14, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical Necessity of 10 sessions of work conditioning (97545/97546)

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:

XX 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
840.9	97545/97546	WC	Prosp	10			xx/xx/xx	xxxxxx	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-23 pages

Respondent records- a total of 103 pages of records received to include but not limited to: Letter, 7.26.07; Request for IRO; letters, 6.15.07, 7.9.07; Patient notes:PA, 12.26.06; Dr., 12.26.06; Dr., 12.29.06; Dr., 1.2.07; Dr., 1.23.07; Dr. 2.5.07; Pa-C,2.5.07; Dr., 2.13.07; Dr., 3.6.07; X-rays12.26.06, spine and shoulder; EMG/NCV 2.5.07; PT notes, 1.2.07-2.19.07; 2.15.07, 6.6.07; report, trigger point, 2.15.07

Requestor records- a total of 62 pages of records received to include but not limited to: Request for an IRO; patient notes: 1.2.07-6.6.07; 12.29.06-2.19.07; Pa-C,2.5.07-3.30.07; 2.15.07, 6.6.07; report, trigger point, 2.15.07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured as a result of a work related accident while working for. The date of injury was reported on the date of xx/xx/xx. As a result of working, the claimant began having symptoms in the right shoulder and upper extremities.

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 functional testing that was used to support the request for work conditioning is not valid and does not support the requested care. The FCE mentions that the claimant is in the heavy PDL but there is no mention as to the source of this information. There is no mention of the employer providing this information or mention that the ONET or the DOT as being a reference. There is no mention of a reliable source to the provided PDL. The FCE also uses an isometric lift to extrapolate dynamic function. There are dynamic percentages mentioned, but there are no true dynamic tests such as a PILE or EPIC test. Only dynamic test can be used to determine true PDL. Isometric testing is a poor and unreliable source to determine true PDL. In conclusion, the information FCE and data used to support work conditioning is insufficient and work conditioning is not supported as being reasonable or 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)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)