



REVIEWER'S REPORT

DATE OF REVIEW: December 26, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Therapeutic exercise (97110), massage (97124), moist heat (97039), ultrasound (97035), electrical stimulation (G0283), aquatic therapy (97113), gait training (97118).

QUALIFICATIONS:

MD, Board certified in orthopedic surgery.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

TDI forms

Denial letters 11/15/07 and 11/30/07

Pre-authorization request

PT prescription 11/12/07

Clinical notes 10/31/07

PT evaluation recommendations 11/12/07

DWC 73 – 10/22/07, 10/29/07, 11/13/07, 11/27/07

Health Services, notes, 10/22/07, 10/29/07, 11/13/07, 11/27/07
letters from, RN to and Dr.

Policy Provision

Unsigned Case Management forms and Authorization to release medical information

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This xx year old male suffered a left gastrocnemius muscle strain while lifting food products on xx/xx/xx as part of his employment. He was initially treated with non steroidal anti-inflammatory medication and activity modification. Physical therapy not recommended during the early phases of healing of soft tissue muscular strain injury.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

It is noted that the PT request is for mostly passive therapies for the lower leg of this patient. Passive physical therapy is recommended as necessary for restoration of muscle strength and effected joint range of motion. It is not recommended during the early phase of healing. It is noted that the request for PT on this case is largely passive and the reviewer feels that passive therapy is not indicated on this case at this point in time.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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.
- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)