

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: JUNE 19, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of the disputed Work Hardening program (97545 WH-CA and 97546 WH-CA) that occurred

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 rendered the care in dispute. 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 Denial (Agree)

Overturned Denial (Disagree)

XX Partially Overturn Denial (Agree in part/Disagree in part)

(Uphold Carriers decision to deny services, with exception of dates of 11.14.06, 11.15.06, and 11.16.06, which the claim should be paid on these 3 dates of service.)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.4	97545	WH-CA	Retro	3					Overturn
724.4	97545	WH-CA	Retro	24					Uphold
724.4	97546	WH-CA	Retro	8					Overturn
724.4	97546	WH-CA	Retro	67					Uphold

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-78 pages

Respondent records- a total of 473 pages of records received to include but not limited to: EOBs, -2.8.07; Letter, Law Firm, 12.1.06; 11.17.06; 2.23.07; Report, Dr., 5.14.07; Report, MRIOA, 5.2.07; Peer review, 4.12.07-5.1.07; Notes, Consultants, 9.11.06-4.23.07; Notes, Healthcare, 1.5.07-3.20.07; Notes, 11.10.06-3.1.07; Notes, Institute, 12.8.06; FCE, 11.17.06; Letters 11.13.06

Requestor records- a total of 158 pages of records received to include but not limited to: Notes, Consultants, 7.24.06-3.19.07; Report, Dr., 3.9.07; Notes, Healthcare, 9.1.06; Notes, 11.10.06-3.1.07; MRI L-Spine, 6.20.06; Notes, Dr., 6.22.06, 10.11.06

PATIENT CLINICAL HISTORY [SUMMARY]:

Client is a female employee, who reportedly experienced a work related injury to her lumbar and sacral region, as a result of slipping and falling at work. The patient initially reported pain in her lumbar spine, radiating down her right leg, into her right foot. EMG findings were consistent with L5-S1 right radiculopathy. Treatment consisted of epidural injections; chiropractic care; physical therapy; and work hardening with individualized psychotherapy.

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 carrier is denying dates of service 11/15/06, and 11/16/06 based on "not medically necessary per recommendation of IME Doctor"; however, this doctor's visit was not performed until 11/17/06, at which time indications for involvement in work hardening was disputed and recommendations for further addressing the patient's pain was recommended. Based on the recommendations from the RME visit on 11/17/06, combined with the patient's continued subjective complaints of high pain intensities, in correlation with lack of significant objective improvements with work hardening, continued work hardening services were not indicated. It is felt that all treatment to address the patient's chief complaints/core problem was not exhausted, and further medical treatment was warranted prior to completion of a work hardening program. Furthermore, psychotherapy should be included in a work hardening program, according to CARF Standards, rather than being billed as a separate service.

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
- 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 (DOT Work Descriptions, Guide to Physical Therapy Practice)
- XX OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (CARF STANDARDS)