

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

DATE OF REVIEW: MARCH 29, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of physical therapy 3 X week X 4 weeks, right wrist; 97124/97110/97530

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

This case was reviewed by 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:

- Upheld (Agree)
- XX 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
842.10	97124/97110/97530		Prop	12					Overturn

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO

Respondent records- a total of 6 pages of records received to include but not limited to:
Letters 12.12.06, 12.20.06

Requestor records- a total of 104 pages of records received to include but not limited to:
Patient notes, 7.3.06 -3.9.07; Request of an IRO, Operative report, 9.29.06; Patient notes, Dr. 7.17.06-12.1.06; Patient notes, Dr. 7.27.06-8.3.06; FCE, 7.12.06, 12.13.06; Electrodiagnosis study, 8.17.06; 7.13.06; Bone Scan, 6.8.05; MRI Rt Wrist, 11.9.05; DD report, 2.20.07; various DWC 73 forms

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured as a result of a work related accident. She was working and pulling inventory when she pulled a box of gardening tools and felt a pop in her right wrist. As a result her injury occurred. The date of injury was. On 9.19.06, the claimant had surgery to the injured wrist. On 11.06.06, the patient started post surgical rehabilitation which was completed on the date of 12.7.06. More therapy has been requested which is what is in question at this point. The therapy requested is a 3x per week for 4 weeks totaling 12 sessions.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The claimant had 12 sessions of post surgical care. During that time period, the claimant clearly improved in virtually every aspect, especially strength. Despite the steady progression in function, there was still a significant amount of improvement that is anticipated in this particular case. As a result, continuing therapy that has already been clearly established as being beneficial is not only logical it is documented as being medically 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)