

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MAY 5, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of 20 sessions of work hardening (97545 and 97546)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
813.44	97545/ 97546		Prosp	10					Overturn
813.44	97545/ 97546		Prosp	10					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-22 pages

Respondent records- a total of 107 pages of records received to include but not limited to:

Preauth request, 3.14.07,3.26.07; Patient notes, Pain and Recovery, 3.13.07-4.18.07; FCE, 3.13.07; Assessment, Dr., 3.7.07; Patient notes, Dr., 8.24.06; Note, Dr., 3.15.06; letter, 3.24.07, 4.2.07; practice guidelines, part 1, chapter 1; The comprehensive guide to work injury management, chapter 22, pg 443-462; Request for an IRO; fax confirmation,

Requestor records- a total of 24 pages of records received to include but not limited to: Patient notes, Pain and Recovery, 3.19.07-4.18.07; FCE, 3.13.07; Assessment, Dr. 3.7.07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury.

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.

This individual was injured at work and is expected to perform a heavy category. She has completed 10 sessions of chronic pain management and is doing better, but is showing deconditioning, keeping her from being able to return to work. There is a concern that the request maybe one of excessive treatment, but certainly the patient deserves the benefit of reconditioning and a reassessment based on the patient's compliance and level of improvement.

Using the standard ODG guidelines, this patient qualifies for 10 sessions of work hardening to help the patient return to work and regain employment after sustaining significant injury with wrist fracture and deconditioning. She is status post surgery and needs to return to full duty status.

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
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)