

# Parker Healthcare Management Organization, Inc.

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**DATE OF REVIEW:** MAY 31, 2007

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of 10 sessions of work conditioning (97545 and 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:

- 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
717.83	97545/97546		Prosp	10					Overturn

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 22 pages of records received to include but not limited to: letters, 3.13.07, 4.5.07, 5.14.07; Healthcare notes, 1.31.07-3.30.07; advantage healthcare, 1.20.07-2.14.07

Requestor records- a total of 74 pages of records received to include but not limited to: Healthcare notes, 9.5.06-3.30.07; advantage healthcare, 2.22.06-2.14.07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was injured as result of a work related injury. This injury occurred while the claimant was pulling a pallet. The area of injury is listed as being the right knee. Since the time of the accident, the claimant has had surgery, functional testing rehabilitative care as well as other allopathic procedures.

**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.**

There is concern about the claimant not being able to perform upper extremity tasks in the FCE after there was severe pain produced by activity in cardiovascular testing as it relates to the right knee. The patient simply had bad right knee pain and did not want to proceed with testing. This can happen, especially when someone is really hurting and should not be used as an exclusive tool to rule out all care. The week before the FCE in question, the claimant had a reported limp and difficulty walking and pain that was a 7/10 and had failed to improve with the recommended and standard post surgical rehabilitation that is deemed as reasonable by the ODG. In order establish endurance, reduce pain and create recovery that is adequate to return to work safely, the claimant should be allowed to have the brief period of tertiary care requested.

**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)
- XX OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (*Occupational Medicine Practice Guidelines*, Second Edition)