

Parker Healthcare Management Organization, Inc.

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

Notice of Independent Review Decision

DATE OF REVIEW: APRIL 5, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed PT 3X week X 4 weeks (97110)

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) (Disagree)
- 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
724.2	97110		Prosp	12					Overturned

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained work related on the job injury on xx/xx/xx. This patient underwent surgical treatment for lumbar spinal disease on 10.27.2007 for a work-related injury and developed post-surgical abscess and CSF leak, which postponed his usual therapy. While he has received 16 visits of therapy and is 3 months post surgery, he has not received adequate therapy for his current condition and his more serious complications would indicate he would need more than the typical amount of therapy – certainly more than the ODG guidelines would account for after a simple discectomy surgery.

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.

On January 29, 2008, the doctor indicates that now the patient is ready to proceed with physical therapy and aquatics because his wounds are healed and will allow him to do such. He also has a letter indicating he would like to proceed with consideration of epidural steroid injections, which are best combined with additional therapy. For both of these reasons, I believe that additional therapy is warranted. This is outside the typical ODG guidelines, but is reasonable because of the injury being outside the typical ODG injury with a CSF leak and postoperative infection and wound infection.

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

- 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 WERE REFERENCED
- 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)