

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

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**DATE OF REVIEW:** APRIL 14, 2008

**IRO CASE #:**

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

Medical necessity of proposed PT (therapeutic procedure, manual therapy, gait training, hot/cold packs, E-stim) 3XWk X 4 Wks for the left ankle and left shoulder

**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 orthopedic surgery 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)
- 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
824.00; 840.00	therapeutic procedure, manual therapy, gait training, hot/cold packs, E-stim		Prosp	12					Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 55 pages of records received from URA to include but not limited to: letter 2.26.08, 3.5.08; Health notes, 12.19.07-3.3.08; records, Dr., 12.20.07- 2.28.08

Respondent records- a total of 13 pages of records received from to include but not limited to UR nurse notes, 2.22.08-3.26.08

Requestor records- a total of 27 pages of records received to include but not limited to: Records, Dr., 10.23.07-3.28.08; MRI left Shoulder 12.10.07; Health notes, 12.19.07-3.3.08; letter 1.31.08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained a work related on the job injury on xx/xx/xx.

**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.**

The criteria of the ACOEM guidelines are used. Presently, there is no evidence of clearly defined functional accomplishments. There is no documentation in the records of the objective improvement, functional deficits, or functional goals of therapy already received. Therefore, the requested therapy cannot be deemed as medical necessity.

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

XX ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES