

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

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

**IRO CASE #:**

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

Medical necessity of proposed evaluation(97003) X1, therapeutic exercise (97110) X 12, therapeutic activities (97530) X 12

### **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)
- 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 |
|-------------------|----------------------|------------------|----------------|-------|--------------------|---------------|----------------|------------|--------------|
| 813.4, 813.44     | 97003                |                  | Prosp          | 1     |                    |               |                |            | Overtured    |
| 813.4, 813.44     | 97110, 97530         |                  | Prosp          | 12    |                    |               |                |            | Overtured    |
|                   |                      |                  |                |       |                    |               |                |            |              |
|                   |                      |                  |                |       |                    |               |                |            |              |

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

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 16 pages of records received to include but not limited to:

TDI Notice letter 6.25.08; email, , 7.25.08; Request for IRO form; provider list;  
Orthopedic group notes 2.29.08-5.28.08; ODG guidelines for physical/occupational therapy;  
PHMO notice of IRO assignment

Requestor records- a total of 9 pages of records received to include but not limited to:  
Orthopedic group notes 2.13.08-6.25.08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The 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.**

As of xx/xx, the patient has had only approximately 35 degrees of palmar/dorsiflexion and 10 degrees of radial/ulnar deviation. The patient's injury is such that the patient has developed significant stiffness associated with the significant loss of motion of the wrist.

The ODG guidelines for physical therapy are not evidence based. There are no definitive studies available. Physical therapy is, by community standards, outcome based and generally should continue as long as needed, so long as progress is being made. It is based on achievement of reproducible goals within a reasonable time frame. The ODG guidelines are simply that – guidelines. They are, in fact, arbitrary. In this case, given her injury and the secondary effects of the injury, more physical therapy is indicated. The evaluation is deemed necessary to monitor and evaluate progress.

**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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES WERE REFERENCED