

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 5, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 12 sessions of PT (97110, 97035, 97140, G0283, 97113, 97535)

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)
- 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
850.9	97110, 97035, 97140, G0283, 97113, 97535		Prosp	12					Uphold

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-15 pages

Respondent records- a total of 26 pages of records received to include but not limited to: Utilization Management letters, 2.18.08; Request for an IRO forms; letters, 2.11.08, 1.9.08; Peer review, 1.7.08, 2.6.08; records, 12.27.07, 1.4.08; No ODG guidelines provided

Requestor records- a total of 50 pages of records received to include but not limited to: Various DWC 73 forms; records from Dr., 10.24.07-2.5.08; records, 12.27.07-1.17.08; CT Brain 10.17.07; MRI Brain 10.24.07; DDE 1.10.08; records, from Dr., 1.3.08

Treating Provider records- a total of 4 pages of records received to include but not limited to: TDI Notice of Assignment; note, Dr. 1.3.08

PATIENT CLINICAL HISTORY [SUMMARY]:

The history reviewed states that this gentleman was a for xxxx. On xx/xx/xx, a 6-foot steel pole fell and struck him in the head. He continued to work, but later that day he drove himself to the emergency room. He was evaluated with a CT scan, and was then subsequently seen and evaluated by Dr.. He received physical therapy initially. He had an MRI of the brain. Both the CT and MRI were normal. He subsequently was evaluated for MMI and impairment by a designated doctor and placed at maximal medical improvement on 01/10/2008 with a 10% whole person MMI and impairment rating. That was done by Dr..

Subsequently, Dr. withdrew his request for therapy sessions and it was agreed that the patient had already received 6 of the 12 therapy sessions previous to that.

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.

BASIS FOR DECISION: The physician's withdrawal of the therapy sessions and the patient being placed at MMI with a normal exam documented by the designated doctor prior to the therapy to begin. Also, the ODG guidelines indicate a total of 8-10 sessions should be the extent of treatment necessary before initiating a home exercise program.

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