

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** MARCH 18, 2008

**IRO CASE #:**

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

Medical necessity of proposed 20 sessions of work hardening

### **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, who is licensed by the Texas State Board of Chiropractic Examiners and who is 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)
- 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
722.10/ 729.2	Work Hardening		Prosp	20					Upheld

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

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 47 pages of records received to include but not limited to:

letter, not dated; Request of IRO forms; letters, 1.8.08, 2.5.08; Rehabilitation notes, 11.16.07-1.23.08; FCE 12.12.07; PPE 11.16.07; Healthcare notes, 11.16.07; Full ODG guidelines used were not provided, only segment referenced in denial letters; Only 47 pages came out of a 68 fax from., left message regarding this

Requestor records- a total of 38 pages of records received to include but not limited to: PPE 11.16.07 by Rehabilitation; PPE 11.21.07 by Healthcare; Healthcare notes, 9.10.07-11.16.07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is a xx-year-old male who, on xx/xx/xx, reported left groin and lower back pain after he lifted cement pipe at work. The claimant then underwent bilateral inguinal hernia repairs on 6/1/2007, with a second hernia repair on the left side on 9/18/2007.

**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.**

According to the records submitted, the claimant was seen by a designated doctor on 12/27/2007—whose opinion carries presumptive weight—and was deemed at MMI on that date with a 0% whole-person impairment. The designated doctor did not find the same range of motion deficits recorded just one month earlier by the treating doctor in his FCE or PPE. It was also the designated doctor's opinion that the claimant was capable of a full return to work at that time. In light of these findings, and with support of the ODG, the medical necessity of a 20-session protocol of work hardening is unsupported.

**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
- 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)