

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** AUGUST 4, 2009

**IRO CASE #:**

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

Medical necessity of proposed physical therapy for right ankle 3X4 weeks (97001, 97110, 97112, 97140, 97535, 97530, 97159, 97116)

**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
719.7	97001, 97110, 97112, 97140, 97535, 97530, 97159, 97116		Prosp	12					Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO- 18 pages

Respondent records- a total of 25 pages of records received to include but not limited to: PHMO Notice of IRO assignment; Physical Therapy notes 5.4.09-5.20.09; Podiatry Associates note 4.29.09; letter 5.8.09

Requestor records- a total of 6 pages of records received to include but not limited to: PHMO Notice of IRO assignment; Podiatry Associates note 4.29.09

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The initial determination of this is based on ODG guidelines regarding the Achilles tendon and contusion of the foot. The reason for turning the therapy down is that it should have been completed immediately following injury. This individual sustained an injury on xx/xx/xx when a heavy machine fell on top of his foot causing nerve damage. A needle EMG revealed findings of peroneal neuropathy. The physician's prescription says that the reason for the therapy is paresis. Nerve injuries can cause chronic and long term deficits and if untreated, can result in serious pain syndromes such as reflex sympathetic dystrophy.

**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.**

I believe that the ODG guidelines were misapplied in this case. The patient has not been denied because of previous therapy and since he has had no therapy for treating this injury, he deserves the appropriate treatment for a peroneal neuropathy, traumatic in nature. Therefore, I find the proposed physical therapy to be medically necessary.

**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