

Parker Healthcare Management Organization, Inc.

4030 N. Beltline Rd Irving, TX
75038
972.906.0603 972.255.9712
(fax)

Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 27, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 10 sessions of work hardening

**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)
ee)
- 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
847.0 717.8	97545, 97546		Prosp	10					Overtured

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xxxxx tall, gentleman who was injured on xx/xx/xx. He was pulling a line of wire when he was shocked and suddenly fell forward, injuring his knees, lower back, neck, back of his head, both wrists, and both shoulders. He was initially treated at xxxxxx . He was subsequently treated at another clinic.

He has been under the care of xxxx since 08/14/2007. His workup includes MRIs of the right shoulder, cervical spine, and right knee. He has been in protracted care in part because of disputes about the extent of injury. He has now completed care and has made progress in his overall treatment program, but he is markedly de-conditioned. He has a job to return to. He has been treated for chronic pain by Dr. which has included treatment with Cymbalta, Darvocet, and Motrin.

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.

Given reasonable medical probability and using the ODG guidelines, the recommended treatment is return to work light duty but has not been indicated as a possibility for this individual, given his protracted time off of work and the multitude areas of the body injured (even if they were minor injuries.) The de-conditioning has resulted in his protracted treatment phase. He does meet the criteria for a work hardening 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