

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: APRIL 20, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed OT 97530, 97039, 97035

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
813.41	97530, 97039, 97035		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 51 pages of records received to include but not limited to: xxxx letters 3.31.10, 3.4.10, 3.1.10, 3.18.10; ODG Physical and Occupational therapy; IRO request forms; email to xxx xxxx 3.3.10, 3.29.10; xxxx notes 11.10.09-1.22.10; xxxx notes 12.7.09-3.2.10

Requestor records- a total of 25 pages of records received to include but not limited to: xxxx notes 11.9.09-3.24.10; Operative report, Dr. 11.10.09

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a lady who fell at work. The injured worker sustained an intra-articular wrist fracture (Colliers type) this required an open reduction with fixation. Post-operatively the fracture appears to be doing quite well. After completing 16 post-operative physical therapy visits, the primary treating physician sought additional therapy based on a lack of grip strength. However, after the non-certification was received, the primary treating physician noted that he was not made aware of any of the calls from the reviewing provider or the reconsideration provider, even though their notes reflect a time and person who received their respective calls.

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/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines post-operative physical therapy is assigned 16 visits. The requesting provider does not talk about the progress noted in physical therapy and the reported clinical reason went from grip strength to a loss of wrist flexion and extension. Specific physical examination values were not reported, only generalities. The requesting provider does not offer any clinical reason for the additional physical therapy. There is no discussion why the injured worker could not improve wrist range of motion with a home based protocol. There is insufficient clinical information presented that would support exceeding the treatment plan parameter noted in the ODG

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