

Core 400 LLC

An Independent Review Organization

209 Finn St

Lakeway, TX 78734

Phone: (530) 554-4970

Fax: (530) 687-8368

Email: manager@core400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

PT 3 x 4 left ankle

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Chiropractor

AADEP Certified

Whole Person Certified

Certified Electrodiagnostic Practitioner

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Review Determination Letters, 2/28/10, 3/3/10

xxxxx, 2/17/10, 2/10/10, 1/13/10

Surgery, 12/29/09

xxxxxx, M.D., 5/1/09

xxxxxx, 4/1/09, 7/14/09, 2/26/10, 2/19/10, 2/23/10

Diagnostics, 9/18/09

2/17/10

ODG Physical Therapy Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This woman injured her left ankle, right arm, right shoulder, neck, mid back, and low back on xx/xx/xx. The injured employee underwent an MRI of the left ankle, PT, EMG/NCV epidural injection, pharmaceutical management, and eventually left Tarsal Tunnel Decompression surgery on 12-29-09. She was seen by a Designated Doctor and assigned a whole body impairment rating of 5% on 2-17-2009. The injured employee has completed 8 sessions of post operative physical therapy to the left ankle and a total of 21 sessions of therapy according to the records. Dr. is now requesting 12 visits of physical therapy to the left ankle.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

The injured employee does not meet the OD Guidelines for twelve (12) sessions of post surgical physical therapy. The injured employee has completed 9 sessions of post operative therapy to the left ankle. 12 additional sessions would exceed the number of sessions recommended by the Guidelines. ODG recommends 9 sessions of post-surgical treatment over 8 weeks. The reviewer finds that medical necessity does not exist for PT 3 x 4 left ankle.

ODG Physical Therapy Guidelines:

Enthesopathy of ankle and tarsus (ICD9 726.7)

Medical treatment: 9 visits over 8 weeks

Post-surgical treatment: 9 visits over 8 weeks

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

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)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)