



Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 05/27/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Renal injury, apparently several years ago

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon.

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

| <i>Primary Diagnosis Code</i> | <i>Service Being Denied</i> | <i>Billing Modifier</i> | <i>Type of Review</i> | <i>Units</i> | <i>Date(s) of Service</i> | <i>Amount Billed</i> | <i>Date of Injury</i> | <i>DWC Claim #</i> | <i>Upheld Overturn</i> |
|-------------------------------|-----------------------------|-------------------------|-----------------------|--------------|---------------------------|----------------------|-----------------------|--------------------|------------------------|
| 707.4 | 97799 | | Prosp. | | | | | | Upheld |

INFORMATION PROVIDED FOR REVIEW:

1. Certification of independence of the reviewer and TDI case assignment.
2. TDI case assignment..
3. Letters of denial 03/23 & 04/09/2010, including the criteria used in the denial, and letter of appeal -4/07/10.
4. Return visit (unknown specialty) 10/05/05..
5. Orthopedic office visits 01/27/10 – 04/27/10.
6. Physical therapy evaluation 03/05/10.
7. Note from injured worker 05/18/10.
8. Independent medical evaluation 01/13/05.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This female worker was injured on her job several years ago on. Data provided is sketchy on original injury and treatment; however, the date was, apparently, xx/xx/xx. It is my understanding from records provided that the patient had several cortisone injections and eventually had a bursectomy. I do not have details of that early treatment.

More recently, the patient was seen by a second orthopedic surgeon. I have notes from Dr. who saw the patient on 01/27/10. At that time he recorded a physical examination with patient 5'5" and weight 135 pounds, BMI 23. Temperature was 98 degrees. He recorded some discomfort with rotation of the right hip and some pain over the right trochanter and a mild limp. Diagnosis of abductor weakness was made. The patient was scheduled for physical therapy.

Her follow up visit was on 02/24/10 by the same physician. The patient apparently continued to complain of some lateral hip pain. She had some tenderness over the trochanter. He made a diagnosis of abductor weakness along with trochanteric bursitis and referred her to physical therapy.

The next office visit was on 03/30/10. Examination was similar, and a positive Trendelenburg sign was recorded. Diagnosis was right hip abductor weakness and trochanteric bursitis. She apparently went to one session of physical therapy, and then therapy was denied.

Follow up on 04/27/10 was the same diagnosis, and it was noted that therapy had not been provided. Apparently that is the current status of the patient. The insurance company has apparently denied further physical therapy.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

This injury apparently is over five years old, and, therefore, makes one wonder if further therapy at this late date would be of benefit. I have no problem with the therapy itself; however, no evidence has been provided to indicate that the patient couldn't experience the same substantial improvement on an unsupervised program of therapy.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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