

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 26, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed physical therapy 97110, 97140, G0283; 12 units each

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

The reviewer for this case is a doctor of chiropractic, licensed by the Texas State Board of Chiropractic Examiners and peer matched with the provider that rendered the care in dispute. The reviewer is engaged in the practice of chiropractic on a full-time basis.

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
847.2	97110, 97140, G0283		Prosp	12					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-17 pages

Respondent records- a total of 46 pages of records received to include but not limited to: Mutual letter 4.7.10, 2.11.10, 2.23.10, 2.26.10; TDI letter 4.5.10; Request for an IRO forms; report 2.11.10, 2.25.10; Spine and Rehab 2.8.10-2.22.10

Requestor records- a total of 291 pages of records received to include but not limited to: TDI letter 4.5.10; Spine and Rehab records 8.8.06-4.7.10; Mutual letters 2.11.10, 2.26.10; fax transmission sheets; DWC form; various DWC 73 forms; MRI L-Spine 3.25.09, 7.17.06; notes, Dr.

11.21.06-10.20.09; notes Dr 4.24.06-1.7.10; report, Dr. 10.22.08-5.5.09; report, Dr. 9.28.09; DDE 9.18.09

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient injured his back around xx/xx/xx. Surgical fixation was performed in 3.2.2007. Per daily notes, CPMP was apparently performed in September and October, 2009. DD exam performed by, MD, with a WP IR of 20%. Patient had many encounters; presumably with Dr. (most daily notes do not indicate the treating doctor.) Following completion of the CPMP, the patient was being considered for an ESI, an additional neurosurgical consult, and supportive care.

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.

Patient continually presents with a pain score between 6-9 on the 0-10 scale. Provider repeatedly indicated the patient was "no better and no worse last treatment," while offering a poor prognosis. The ongoing assessment is "stagnant due to lack of supportive therapy." This assessment is offered from 5.29.2008, continues through approximately 37 patient encounters, and stands to the present date.

Prior PT was followed by several ESIs, a surgical fusion and a CPMP, none of which appeared to cure his condition or substantially reduced his symptoms. Patient presented with a 0-10 score of 6 before and after his exacerbation. The exacerbation was triggered by a change in the weather.

A "change in weather" is not an established mechanism of injury. Prior PT did not facilitate a lasting recovery. The primary (albeit complicated) diagnosis of "sprain/strain" 4 years after the initial injury is not supported by the available documentation. There is nothing to suggest the requested care would offer any meaningful, lasting benefit for the patient.

Per carrier representation: ODG guidelines recommend a trial of 6 sessions with a maximum of 10 for a sprain/strain. The request exceeds these guidelines. The volume of care requested for each session is not supported by any specific plan of care. Prior PT included treadmill, stationary bicycle and other unspecified exercises.

Therefore, based on the medical records, the denial is upheld as medical necessity could not be established.

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