Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MAY 10, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed DME-custom molded Articulated AFO; 2 limited motion ankle joint; 1 plastic varus/valgus correction; 1 soft interface for BK section, molded plastic (L1970, L2200, L2820, L2275)

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 orthopedic surgery 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)

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
847.9/ 736.79	L1970		Prosp	1					Overturned
847.9/ 736.79	L2200		Prosp	1					Overturned
847.9/ 736.79	L2820		Prosp	1					Overturned
847.9/ 736.79	L2275		Prosp	1					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request for an IRO-15 pages

Respondent records- a total of 14 pages of records received to include but not limited to:
Letter 4.20.11; Letters 3.16.11, 3.28.11; Orthotics note 3.11.11; Clinic 10.14.10- 2.17.11

Requestor records- a total of 19 pages of records received to include but not limited to:
Letter 4.20.11; Clinic 10.14.10- 2.17.11; Hospital; Notes 11.2.10-11.10.10; MRI Cervical spine 12.18.09; MRI Lumbar spine 12.18.09

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on XX.XX.XX.

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.

The patient has a foot drop without the ability to dorsiflex and with weak plantar flexion. ODG guidelines specifically point out the indications for an AFO under these circumstances. This is a custom made AFO and while the guidelines do not specifically address the requested AFO modifications, the patient is working on his feet. In areas where issues are not specifically addressed, the guidelines allow for clinical judgment to be taken into account. Therefore, based on the medical records and my clinical judgment, the requested DME is medically necessary. The URA denial is overturned.

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

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)