

**Parker Healthcare Management Organization, Inc.**  
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Notice of Independent Review Decision

**DATE OF REVIEW:** MAY 25, 2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed physical therapy 2 X week X 6 weeks

**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:

- XX 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
952.9	97530		Prosp	12					Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a male who was injured on xx/xx/xx. His injury involved the spinal cord and he has progressed well with physical therapy. He is ambulating up to a mile. It is unclear if he is using as

assistive device with ambulation. Records reflect I order to return to work the claimant must have a lifting weight of 50-70 pounds. He can currently lift 30 pounds. The claimant must be able to walk at least one mile and is able to do that at this time. The claimant must be able to carry 25-50 pounds and can carry 50 pounds at this time. **Records reflect the claimant has undergone 100 physical therapy sessions to date.**

History:

- Surgeries: None
- Treatment received: Physical Therapy

**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.**

The claimant's treatment to date has exceeded ODG Treatment Guidelines, see below. The claimant has met most of his vocational goals of lifting and carrying. The medical necessity for additional formal physical therapy vs. a home exercise program has not been established. Therefore, the URA denial is upheld as not medically necessary.

**Please note following ODG Treatment guidelines -**

Lumbago; Backache, unspecified (ICD9 724.2; 724.5):

9 visits over 8 weeks

Spinal stenosis (ICD9 724.0):

10 visits over 8 weeks

Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified (ICD9 724.3; 724.4):

10-12 visits over 8 weeks

Fracture of vertebral column with spinal cord injury (ICD9 806):

Medical treatment: 8 visits over 10 weeks

Post-surgical treatment: 48 visits over 18 weeks

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES