

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 30, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed therapeutic exercises (97110, 97140, 97124) X 12 units

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

This case was reviewed by a chiropractor licensed by the Texas State Board of Chiropractic Examiners. The reviewer specializes in chiropractic care and is engaged in a full time practice.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- XX 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	IRO Decision
847.1, 847.2, 724.2	97110		Prosp	10			Overturned
847.1, 847.2, 724.2	97140		Prosp	10			Overturned
847.1, 847.2, 724.2	97124		Prosp	10			Overturned
847.1, 847.2, 724.2	97110		Prosp	2			Upheld
847.1, 847.2, 724.2	97140		Prosp	2			Upheld
847.1, 847.2, 724.2	97124		Prosp	2			Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Request for an IRO- 18 Pages

Respondent records- a total of 41 pages of records received to include but not limited to:
Cover sheet, notes 6.7.11-7.28.11; letters 6.21.11, 8.5.11

Requestor records- a total of 13 pages of records received to include but not limited to:
Notice of an IRO; , notes 6.7.11-7.28.11; letters 6.21.11, 8.5.11; MRI Lumbar Spine 8.5.11; X-ray
Lumbar 2-3 views 7.14.11; X-ray Thoracic 2 views 7.14.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an on the job work related injury on xx/xx/xxxx.

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.

This claimant has some functional range of motion deficits as a result of the injury. ODG guidelines do allow for physical therapy treatment in such cases. The suggested cap is 10 sessions. No information was provided to document that this patient received any physical therapy as of the date of the original request for treatment. Therefore, this request would be legitimate for 10 sessions as within Texas' ODG recommendations.

Here is my determination. I have partially overturned the URA's denial. I upheld the denial of 2 visits of physical therapy and overturned the denial of 10 visits of physical therapy..

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