

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 14, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed comprehensive brain injury rehabilitation program, day treatment, 22 visits

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:

- 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
Unk	comprehensive brain injury rehabilitation program, day treatment		Prosp	22					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 33 pages of records received from the URA to include but not limited to: TDI letter 8.25.11; report Dr. 10.5.09; note 5.17.11; Neuro Skills report 5.26.11; MRI Cervical spine 10.6.08; MRI Brain 10.6.08

Requestor records- a total of 134 pages of records received from to include but not limited to: Centre for Neuro skills records 3.18.09-10.29.09, records Dr. 7.2.09-10.29.09

Requestor records- a total of 43 pages of records received from Neuro skills to include but not limited to: PHMO Notice of an IRO; letter from Dr. 8.2.11; Neuro skills report 5.26.11; invoice for DOS 6.29.09-10.15.09; HCFAs

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with the non-certification of the requested program as per Dr. r. It would appear that there was insufficient clinical data presented to support the request. There was no summary of treatment, an assessment of the current clinical status and no mention of the cognitive state.

A re-consideration was completed by Dr. Again there was insufficient clinical data presented and several attempts to contact the requesting provider went for naught. No significant brain pathology was noted. There was a cervical disc lesion objectified and subjective complaints of forgetfulness, confusion and neck pain. There are complaints of tinnitus also noted. The injured employee is able to function at work and there was no clear clinical need for re-training.

The past medical history is significant for a history of headaches. There is no prior surgical history noted; the claimant was taking the medication Mobic. At the time of this evaluation, the injured worker had completed work conditioning, a pain management program, trigger point injections, electrical stimulation/TENs unit, epidural steroids, physical therapy and facet injections.

It was noted that EEG testing was normal, MRI of the brain had no significant pathology identified, MRI of the cervical spine noted a moderate disc herniation, and multiple treatments (as outlined above) had been completed. A neuropsychiatric evaluation was completed noting mild cognitive dysfunction, particularly involving the left posterior hemisphere; however, there was fairly "intact cognitive processing and functioning". The injured employee had completed cognitive therapy for several months and multiple physical therapy modalities.

The physical examination noted tenderness to palpation in the cervical spine; there were no trigger points and a full range of motion. The neurologic examination was complete, with normal orientation, normal language, normal cognition and mood. The motor tone was reported as normal.

The assessment was post concussive syndrome with cervical strain. There was a normal neurologic examination. It was determined that no further medical care would be considered reasonable or necessary at that time (October 5, 2009).

The next progress note presented for review is nearly two years later (May. 17, 2011). It was noted by Dr. that the claimant will need reevaluation to see if his perceived decrease in memory and cognitive abilities had increased in their severity subsequent to the last evaluation.

This neurocognitive evaluation was completed by RN. A comprehensive history was reviewed, and the physical assessment noted difficulties with hearing; however, the claimant was able to continue with conversational speech without difficulty. Critical thinking exercises at levels two and three were completed independently with 100% accuracy. Improvements were observed with problem solving skills. The determination was that the injured worker participate in an outpatient, post-acute, traumatic brain injury rehabilitation program at the same center as this evaluation was completed. This program was to include educational therapy, occupational therapy, physical therapy and case management services for an individual who has been functioning for the last several years in a modified job situation.

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.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines, such training can be "Recommended, especially when the retraining is focused on relearning specific skills. For concussion/mild traumatic brain injury, comprehensive neuropsychological/cognitive testing is not recommended during the first 30 days post injury. (Cifu, 2009) Training needs to be focused, structured, monitored, and as ecologically relevant as possible for optimum effect. Rehabilitation programs emphasizing cognitive-behavioral approaches to the retraining of planning and problem-solving skills can be effective in ameliorating identified deficits in reasoning, planning, concept formation, mental flexibility, aspects of attention and awareness, and purposeful behavior". (McDonald, 2002) The Official Disability Guidelines also noted that "Cognitive and specific skills retraining needs to be guided by the patients' real daily living needs and modified to fit the unique psychological and neuropsychological strengths and weaknesses of the patient". (Ownsworth, 1999) (Park, 2001) (Webster, 1988) (Carter, 1983)

When considering the assessment completed by the nurse at the same center where the evaluation was completed, noting the functional ability demonstrated over the last several years and the findings noted in the assessment and that the concern appears to be based on subjective complaints as opposed to objectified findings, there is no clear clinical need presented to support this request.

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
- 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)