

IRO REVIEWER REPORT TEMPLATE -WC

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Notice of Independent Review Decision

Date notice sent to all parties:

December 14, 2012

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Reconsideration Request: Active physical rehabilitation X 8 sessions

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

Board Certified Chiropractic Examiner

REVIEW OUTCOME:

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

X Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Cover sheet and working documents
Discharge instructions dated 07/08/12
Handwritten note dated 07/17/12, 10/23/12
Initial consultation dated 07/17/12
Patient re-exam dated 08/28/12, 09/24/12, 10/09/12, 11/20/12
LHL602. REV 05/12

Neurological evaluation dated 10/01/12
Noncontrast cranial CT dated 10/04/12
Functional capacity evaluation dated 10/17/12
Utilization review determination dated 10/24/12, 11/13/12
Peer to peer review dated 11/14/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is XXXX. On this date the patient noticed irritation of her throat and an irritable chest. The patient went to the hospital and was told she was suffering from carbon monoxide poisoning. Initial consultation dated indicates that the patient has developed increasing headaches, and has been having increased dizziness and vertigo. Neurological evaluation dated 10/01/12 indicates that more than likely the patient's headaches are rebound headaches from the treatment that she is receiving. The patient's headaches were recommended to be treated with an anti-inflammatory medication and she was recommended to stop taking Butalbital, Meclizine and Zofran. Noncontrast cranial CT dated 10/04/12 revealed no acute abnormality. Functional capacity evaluation dated 10/17/12 indicates that required PDL is medium and current PDL is light medium.

Initial request for 8 sessions of active physical rehabilitation was non-certified on 10/24/12 noting that the patient had carbon monoxide poisoning which is a transient state and should not impact her physical conditioning. If she is deconditioned now, this was likely her premorbid condition as well. The denial was upheld on appeal dated 11/13/12 noting that the request does not meet ODG criteria for the compensable injury. Clinically, request is not supported in relation to CO2 poisoning.

Designated doctor evaluation dated 11/21/12 indicates that required PDL is medium and current PDL is light medium.

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ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical information provided, the request for active physical

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rehabilitation x 8 sessions is not recommended as medically necessary. The patient has been diagnosed with carbon monoxide poisoning, and it is unclear why active physical rehabilitation is required for this type of injury. It is unclear how carbon monoxide poisoning has affected the patient's functional ability to return to work as this is a transient state. As noted by the previous reviewer, literature does not suggest any impairment post exposure to require limitation of activities. Thus, there is no clear rationale provided to support active physical rehabilitation for this patient at this time.

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

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG Pulmonary Chapter

<p>Physical therapy (PT)</p>	<p>Recommended as indicated below. See also Respiratory muscle training. ODG Physical Therapy Guidelines – For patients with COPD, minimum of 6-12 weeks. Supplemental oxygen should be used in all patients who demonstrate hypoxemia, either at rest or during exercise. Supplemental oxygen, used while exercising in a pulmonary rehabilitation program, may also be beneficial in nonhypoxemic patients. Programs lasting more than 12 weeks have been associated with more prolonged benefits. Supplemental nutritional support has not been shown, unequivocally, to be of benefit. Anabolic steroid supplementation is of no benefit. Psychosocial support may be important although current evidence for this is lacking. Education programs are an integral part of a pulmonary rehabilitation program. <i>Allow for fading of treatment frequency 2-3 times a week for 6-12 weeks with longer durations (another 4-8 weeks) for well-motivated patients, patients who cannot achieve the same results at home on their own, or in individuals in whom there is rapidly diminishing results.</i></p>
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