

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 9, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 12 visits of Physical Therapy for low back and right knee with spinal manipulation (98940, 97140,97110, 97112, 97530, 97535)

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
722.1/ 722.2	98940		Prosp	1					Upheld
722.1/ 722.2	97140		Prosp	1					Upheld
722.1/ 722.2	97110		Prosp	1					Upheld
722.1/ 722.2	97112		Prosp	1					Upheld
722.1/ 722.2	97530		Prosp	1					Upheld
722.1/ 722.2	97535		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO- 16 pages

Respondent records- a total of 95 pages of records received to include but not limited to: PHMO Notice of an IRO; Community Rehab and Work Conditioning records 12.2.11-12.7.11; Medistat records 11.30.11; Imaging reports 11.21.11 (x-rays, MRI Cervical, MRI Lumbar, MRI Rt Knee); PPE report 10.28.11; Care Clinic report 10.26.11; letters 12.7.11, 12.14.11
Requestor records- a total of 46 pages of records received to include but not limited to: TDI letter 12.19.11; letters 12.7.11, 12.14.11; Medistat records 11.30.11; Imaging reports 11.21.11 (x-rays, MRI Cervical, MRI Lumbar, MRI Rt Knee); PPE report 10.28.11; Care Clinic report 10.26.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a copy of the non-certification of the request for additional physical therapy. This appeal of the non-certification (he previously denied request) noted the claimant to be gentleman who was injured on xx/xx/xx. The presenting complaints were of low back and right knee pain. Imaging studies identified a low-grade chondromalacia and an old anterior crucial ligament injury. MRI of the lumbar spine noted a fusion at L5/S1 and a grade one spondylolisthesis of L4 on L5. The non-certification was secondary to the fact that there was a lack of documentation of improvement after the initial course of physical therapy, and that there was no clear clinical indication for additional chiropractic or physical therapy modalities.b

The initial clinical evaluation from Dr. noted the mechanism of injury, that the right knee twisted and a fall injuring the lumbar spine. The prior pathology to the knee and spine was identified on imaging studies. It was reported that therapy was completed at the Clinic. After a trial of limited duty, this was advanced to no duty. The clinical assessment was a right knee strain and a lumbar disc disorder.

There are multiple imaging studies each reported on by, D.C. A Functional Capacity Evaluation was also completed. In xx/xx another chiropractic evaluation was completed, high levels of pain are described and the radiologic testing was ordered.

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 physical therapy is supported for these types of injuries. As noted in each the initial and secondary pre-authorization, there has been some therapy completed and with the chiropractic evaluation treatment rendered. The efficacy of these treatments is not noted. The amount, type and modalities employed are not noted. When considering the date of injury, the indicating of treatment rendered, there simply is no clinical data presented that would support the additional physical therapy suggested.

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

