

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 19, 2012 AMENDED: MARCH 21, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed work conditioning (97545, 97546) 5X week X 2 weeks, 30 hours;
left heel/left shoulder

**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 orthopedic surgery 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
719.51	97545		Prosp	10			5.3.11	99M0000650878	Upheld
719.51	97546		Prosp	10			5.3.11	99M0000650878	Upheld

Request for an IRO- 19 pages

Respondent records- a total of 56 pages of records received to include but not limited to:
letter 2.28.12, letter 2.20.12, 1.20.12; records 8.31.11-1.20.12; FCE 1.11.12, 12.14.11; records
9.1.11-10.31.11;

Requestor records- a total of 9 pages of records received to include but not limited to: report 8.30.11; records 7.20.11-11.7.11

PATIENT CLINICAL HISTORY [SUMMARY]:

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

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.

The denial is upheld.

The patient has had physical therapy as well as adequate work conditioning. ODG guidelines recommend 10 visits over 8 weeks. In most cases, work conditioning should be completed in 2 weeks or 10 visits. The patient has made progress and a review of the records suggests that he has been provided with adequate physical therapy and work conditioning tools to continue on a home exercise program. The present request for further work conditioning exceeds the guidelines. There has not been presented information that would tend to support a need to exceed the guidelines. Neither re-enrollment nor repetition of the same or similar rehabilitation program is medically warranted according to ODG Guidelines

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

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES