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Notice of Independent Review Decision

Date notice sent to all parties: 4/11/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

6 outpatient supervised sessions of gait training for left knee, CPT code 97116

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

Texas Licensed Chiropractor

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)

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:

1. 2/6/13 and 2/26/13 Denial letters and rationale
2. Pre-authorization Request Administrative Violation
3. 3/13/13 Subsequent Evaluation (IRO Request)
4. 1/28/13 Letter of Medical Necessity (Gait Training) and Initial Eval.
5. 2/1/13 Patient Face Sheet
6. Employers First Report of Injury
7. 2/21/12, 5/22/12, 8/8/12, 9/14/12, 10/22/12, 1/28/13, 3/13/13 Texas Workers' Compensation Work Status Reports
8. 2/21/12, 5/22/12 notes
9. 3/19/12, 8/8/12, 9/14/12, 10/22/12 notes

PATIENT CLINICAL HISTORY [SUMMARY]:

Joe Castillo presented on 01/28/13. He stated that he was injured in a work related accident on xx/xx/xx, and that he had undergone four separate surgical procedures to assist in correcting his knee deficits. The final knee surgery was a complete knee replacement. Sensory testing was normal. Deep tendon reflexes were 2/5. No muscle weakness was noted. Varus and valgus stress tests demonstrated mobility with induction of severe pain. Anterior and posterior drawer signs were performed bilaterally revealing induction of pain and guarding over the left knee complex. The claimant was not currently working. It was noted that the claimant's condition had deteriorated with home exercises since 11/08/2010, and that he could not perform some of his regular activities. Six supervised gait-training sessions were recommended. A letter of medical necessity the treating chiropractor was reviewed dated 03/26/12. In addition, there was a subsequent evaluation on 03/31/13, it was noted that he reported a history of Parkinson's disease, which he was currently managing medicinally. Standing posture was non-antalgic. His stance, gait and stride were steady. Orthopedic examination was unchanged. It was noted that the claimant was suffering with progressively worsening gait disturbances.

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

The documentation reviewed does not support medical necessity for any gait-training services. This is being requested for a work related injury that occurred in 1999. The claimant has already undergone four knee surgeries including a total knee replacement. The ODG physical therapy treatment guidelines do not support these gait-training services for this claimant. On both initial and subsequent reports it was noted that under the musculoskeletal system stance, gait, and stride were steady.

Standing posture was described as non-antalgic. No significant muscle weaknesses were noted. In addition, according to ODG gait-training is not appropriate when individual's walking ability is not expected to improve. Gait training should already have been provided as a part of the postsurgical rehabilitation procedures already provided. This case is complicated by Parkinson's disease which is not work-related.

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

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- X **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☐ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**