

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 26, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 80 hours of work hardening

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 Medicine and 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
823.80/ 824.8	work hardening		Prosp	80					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 28 pages of records received from URA to include but not limited to: TDI letter 2.6.13; letter 1.19.13, records from DPM 1.25.12-4.11.12; records Dr. 11.19.12-1.7.13; CT Lft Ankle; report, , PsyD 1.16.13; Job description,; note. Dr., note Dr. 12.31.12

Respondent records- a total of 129 pages of records received from URA to include but not limited to: Orthopedic Assoc. records 9.21.11-10.24.11; various DWC 73 forms; Dr. records 9.21.11-12.7.11; Clinic records 2.1.12-1.9.13; Injury 1 records 7.23.12; Dr. records 11.5.12-1.7.13; Toxicology report 11.7.12; FCE report 12.14.12; Dr. note 12.31.12; records from, DPM 1.25.12-4.11.12; CT Lft Ankle; report; Dr. note 7.12.12; letter 7.11.11-8.9.11; Dr. 7.11.11; ER records 7.14.11; Pain Recovery Clinic records 11.4.11-11.30.11

Requestor records- a total of 56 pages of records received to include but not limited to: IRO forms; Injury 1 records 7.23.12-1.4.13; Letter 1.8.13, 1.26.13; TDI letter 2.6.13; FCE report 12.4.12; Dr. note 12.31.12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury to his left leg 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 patient has poorly tolerated any treatment leading up to the request for work hardening. There was minimal participation in physical therapy. He did not tolerate aqua therapy. Pain management was discontinued at 4 days because "they are forcing me to do stuff I couldn't do". There has not been demonstrated progress with basic rehabilitation. He was still using crutches 1.5 years after injury. FCE is not current according to Dr. 1.7.13 office note.

As the patient currently is not employed, there is no defined return to work goal agreed to by the employer and employee. There is no documented specific job to return to, with job demands that exceed abilities or documented on the job training.

Therefore, per the records, the patient has not met medical necessity per the ODG guidelines.

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