

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MAY 13, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of 10 sessions of work hardening for the Cervical and Lumbar spine, hip and bilateral shoulders (97546, 97545)

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
723.4	97546		Prosp	10			Xx/xx/xx	25-002-111-6004416	Upheld
723.4	97545		Prosp	10			Xx/xx/xx	25-002-111-6004416	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-21 pages

Respondent records- a total of 184 pages of records received to include but not limited to: letters 4.23.13; request for an IRO forms; 3.5.13-3.27.13; MRI Rt Shoulder and arthrogram 5.21.12; MRI left shoulder and Arthrogram 5.21.12; MRI Cervical 5.21.12; reports 9.28.12-2.6.13;

History and Physical 1.4.13; record 12.3.12; records 2.27.13-3.4.13; 2.7.13; FCE report 2.21.13; report 2.27.13; pre-authorization peer review 3.8.13

Requestor records- a total of 58 pages of records received to include but not limited to: TDI letter 4.23.13; MRI Rt Shoulder and arthrogram 5.21.12; MRI left shoulder and Arthrogram 5.21.12; MRI Cervical 5.21.12; records 12.28.12; record 12.3.12-2.21.13; records 3.20.13-4.1.13; 2.7.13; report 2.27.13;

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related injury on xx/xx/xx while driving.

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 is working regular duty without restrictions. There states to have been physical therapy, but no notes in records to demonstrate progress or further need. There appears to be other treatments under consideration for injured areas. Electrodiagnostic studies were completed and noted to be negative. There is no clear evidence that work hardening for the injured areas is any better than exercises under regularly administered physical therapy.

A work hardening program does not appear to be necessary, due to the fact that lower levels of more conservative care do not appear to have been utilized. Therefore, the decision is to uphold the URA's denial.

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