

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 19, 2014 AMENDED DECEMBER 9, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed physical therapy sessions 3X4 weeks, CPT codes 97110-2 units, 97530-2 units, 97112-2 units, 97140-2 units and 98941- 1 unit

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

This case was reviewed by Chiropractor licensed by the Texas State Board of Chiropractic Examiners. The reviewer specializes in Chiropractic and is engaged in the full time practice of medicine. The Chiropractor is Board certified in Pain Management, Quality Assurance, and Acupuncture. (NBCE) The Chiropractor is a Designated Doctor certified to perform Impairment Ratings.

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
845.1	97110		Prosp	24			Xx/xx/xx	xxxxx	Upheld
845.1	97530		Prosp	24			Xx/xx/xx	xxxxx	Upheld
845.1	97112		Prosp	24			Xx/xx/xx	xxxxx	Upheld
845.1	97140		Prosp	24			Xx/xx/xx	xxxxx	Upheld
845.1	98941		Prosp	12			Xx/xx/xx	xxxxx	Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

This female was injured on xx/xx/xx. There is no specific mention of the discrete mechanism of injury, except for: "She was walking and felt a tear or ripping of the left foot. She did not trip or fall."

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.

She began treatment on 9/8/14. He noted decreased range of motion and began treatment. She received five visits with no improvement in left ankle range of motion. Muscle strengths were incorrectly graded, using a scale which is not the Wexler scale.

GUIDELINES FOR MEDICAL NECESSITY:

ODG treatment guidelines recommend the following for foot and ankle sprains:

"Allow for a fading of treatment frequency, plus active, self-directed home PT.

Ankle, foot sprain: 9 visits over six weeks." (Online version 10/29/14.)

1. The proposed treatment plan exceeds ODG recommendations, and is not supported by the included medical record and clinical presentation of this patient.
2. The mechanism of injury is incongruent with the stated injury.
3. The medical examination contains incorrect/faulty muscle testing which is meaningless.

Therefore, the proposed physical therapy is not deemed medically necessary.

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