

# Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

---

## Notice of Independent Review Decision

**DATE OF REVIEW:** MAY 13, 2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed 30 days of additional 30 visits of OP Day treatment rehabilitation

**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 Internal Medicine and Ambulatory Medicine 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)


TDI-HWCN-Request for an IRO-27 pages

Respondent records- a total of 114 pages of records received to include but not limited to: Notice of IRO Assignment; records 9.20.13-2.25.14; records 8.9.13-4.11.14

Requestor records- a total of 71 pages of records received to include but not limited to: letter 4.23.14; letters 4.1.14, 4.14.14; records 8.21.13-4.3.14; records 1.8.14-3.26.14; MRI Lumbar Spine 6.28.13; CT Head/Brain report 8.3.12; records 2.28.14; record 10.17.12-1.7.14

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Case summary: The patient sustained a traumatic brain injury in a motor vehicle crash in xx/xxxx. Approximately one year later, he was evaluated for admission into a multidisciplinary rehabilitation program. Several objective and subjective physical and cognitive deficits were

identified. He began the program in xx/xxxx. The periodic progress notes indicate that the patient has been making progress in the program, as evidenced by improvement in objective and subjective functional parameters. The most recent note from February 2014 demonstrates improvement, but deficits are still present.

**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/GUIDLINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

DECISION: The URA determination is OVERTURNED. The ODG Guidelines recommend multi/interdisciplinary programs if they are "... directed and/or overseen by a physician board certified in physiatry or another specialty, such as neurology, with additional training in brain injury rehabilitation. All programs should have access to a team of interdisciplinary professionals, medical consultants, physical therapists, occupational therapists, speech-language pathologists, neuropsychologists, psychologists, rehabilitation nurses, social workers, rehabilitation counselors, dieticians, therapeutic recreation specialists and others. The individual's use of these resources will be dependent on each person's specific treatment plan. All phases of treatment should involve the individual's family/support system." In this case, the program fulfills these recommendations and the patient is making steady progress/improvement while enrolled. It is likely that he will derive substantial clinical benefit from an additional 30 visits.

**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