P-IRO

An Independent Review Organization
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December 6, 2005

TDI-DWC Medical Dispute Resolution
Fax: (512) 804-4868 Delivered via Fax

Patient / Injured Employee
TDI-DWC #
MDR Tracking #: M2-06-0168-01
IRO #: 5312

P-IRO, Inc. has been certified by the Texas Department of Insurance as an Independent Review Organization. The TDI-Division of Worker's Compensation (DWC) has assigned this case to P-IRO for independent review in accordance with DWC Rule 133.308 which allows for medical dispute resolution by an IRO.

P-IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Provider board certified and specialized in Physical Therapy. The reviewer is on the DWC Approved Doctor List (ADL). The P-IRO Panel Member/Reviewer is a health care professional who has signed a certification statement stating that no known conflicts of interest exist between the Reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carriers health care providers who reviewed the case for decision before referral to IRO America for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

RECORDS REVIEWED

Notification of IRO assignment, information provided by The Requestor, Respondent, and Treating Doctor(s), including: Reconsideration Notice from Willie Thompson, MD, Non Authorization Notice from Stephanie Vomvouras, MD, letter in response to denial from Joseph DaJose, PT, evaluation and treatment notes from the treating MD and PT.

CLINICAL HISTORY

___ works as a cashier at The Patient slipped on melted ice water on ___ and injured her right ankle. The Patient was diagnosed with a sprained right ankle and an MRI study was positive for a tear of the right deltoid ligament. The Patient was treated

with immobilization and physical therapy. On 8/11/05, an FCE revealed The Patient still presents with deficits for tolerating prolonged standing and walking. Dr Sardinas has recommended a work conditioning program.

DISPUTED SERVICE (S)

Under dispute is the prospective and/or concurrent medical necessity of 30 sessions of work conditioning for 6 weeks.

DETERMINATION / DECISION

The Reviewer agrees with the determination of the insurance carrier.

RATIONALE/BASIS FOR THE DECISION

Based on the clinical evidence provided, The Patient presented slow progress with a conservative therapy intervention. The Reviewer concludes that three months of PT is sufficient time to rehabilitate the patient from an ankle sprain condition and progress them to return to work activity. The Reviewer agrees with Dr Thompson's utilization review which states that work conditioning is not indicated 6 months post ankle sprain. Thereby, a concentrated and more intense form of therapy such as work conditioning is not recommended.

Screening Criteria

1. Specific:

- Management of Common Musculoskeletal Disorders
- Textbook of Disorders and Injuries of the Musculoskeletal System
- Athletic Training and Sports Medicine
- Journal of American Physical Therapy Association (JAPTA), Guide to Physical Therapist Practice
- Textbooks and coursework material attained from the University of St Augustine for Health Sciences, School of Physical Therapy
- Peer reviewed abstracts from JAPTA
- Guidelines of practice issued by the Executive Council of Physical Therapy and Occupational Therapy Examiners.

2. General:

In making his determination, the Reviewer had reviewed medically acceptable screening criteria relevant to the case, which may include but is not limited to any of the following: Evidence Based Medicine Guidelines (Helsinki, Finland); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Texas Chiropractic Association: Texas Guidelines to Quality Assurance (Austin Texas); Texas Medical Foundation: Screening Criteria Manual (Austin, Texas); Mercy Center Guidelines of Quality Assurance; any and all guidelines issued by DWC or other State of Texas Agencies; standards contained in Medicare Coverage Database; ACOEM Guidelines; peer-reviewed literate and scientific studies that meet nationally recognized standards; standard references compendia; and findings; studies conducted under the auspices of federal government agencies and research institutes; the findings of any national board recognized by the National Institutes of Health; peer reviewed abstracts submitted for presentation at major medical associates meetings; any other recognized authorities and systems of evaluation that are relevant.

CERTIFICATION BY OFFICER

P-IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. P-IRO has made no determinations regarding benefits available under the injured employee's policy.

As an officer of P-IRO Inc., I certify that there is no known conflict between the Reviewer, P-IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

P-IRO is forwarding by mail or facsimile, a copy of this finding to the DWC, the Injured Employee, the Respondent, the Requestor, and the Treating Doctor.

Sincerely,
P-IRO Inc.

Ashton Prejean
President & Chief Resolutions Officer

Cc: Long Point Med Clinic
Attn:
Fax: 713-722-8830

Zurich American Ins. Co/F.O.L.
Attn:
Fax: 512-867-1733

281-558-0068

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

I hereby certify, in accordance with DWC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, patient (and/or the patient's representative) and the DWC via facsimile, U.S. Postal Service or both on this 6th day of December, 2005.

Name and Signature of P-IRO Representative:

Sincerely,
P-IRO Inc.

Ashton Prejean

Ashton Prejean
President & Chief Resolutions Officer