

# Parker Healthcare Management Organization, Inc.

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Certificate # 5301

December 12, 2006

**ATTN: Program Administrator**

**Texas Department of Insurance/Workers Compensation Division**

7551 Metro Center Drive, Suite 100

Austin, TX 78744

Delivered by fax: 512.804.4868

## Notice of Determination

MDR TRACKING NUMBER: M2-07-0326-01

RE: Independent review for \_\_\_\_

The independent review for the patient named above has been completed.

- Parker Healthcare Management received notification of independent review on 11.08.06.
- Faxed request for provider records made on 11.08.06.
- The case was assigned to a reviewer on 11.28.06.
- The reviewer rendered a determination on 12.11.06.
- The Notice of Determination was sent on 12.12.06.

The findings of the independent review are as follows:

### Questions for Review

Medical necessity for proposed PT 3 X 4 (97110, 97530, 97035)

### Determination

PHMO, Inc. has performed an independent review of the proposed care to determine if the adverse determination was appropriate. After review of all medical records received from both parties involved, the PHMO, Inc. physician reviewer has determined to **uphold the denial** on the requested service(s).

### Summary of Clinical History

Medical records indicate that this is a 280 pound gentleman who was injured on \_\_\_\_\_. The injury was while pulling a palate jack and he ran over his left foot with the palate jack and he complained of a left foot crush injury. His past medical history consists of diabetes and right leg surgery.

The denial request indicates that the case was denied because the patient's injury was in \_\_\_\_\_. He had therapy and it has been 3 years and there is no clinical information provided by the physician and he was unavailable to talk to the reviewer as to why his therapy is needed at the present time. There is a physical therapy note from ISLA Physical Therapy indicating that on 08/14/2006 this 40-year-old gentleman with a crush injury after a palate jack ran over his left foot at Wal-Mart was having pain with walking and swelling with prolonged standing and is working 6 hours per day. He is noted to have a decreased stand space on the left and is unable to "heel-to-toe" walk on the left foot. He has poor toe loff internal stand space on the left and poor cadence and endurance.

There is a September designated doctor's evaluation performed by Dr. William Colver giving zero percent impairment dating back to the statutory date of 04/18/2005. Dr. Colver's note indicates that the patient is having pain with walking and standing up that was frequent and about a 5 on a scale of 10. His examination showed tenderness to the dorsal aspect of the metatarsals, particularly the bottom of the malleolus. There was no ecchymoses, edema, or fusion of bony deformities. There was a negative anterior drawer sign and no tailor tilt, squeeze, or external rotation tests. His conclusion was a contusion of the left foot and ankle and possible ankle sprain/strain.

## Clinical Rationale

There is no clinical information provided to indicate that a sprain/strain injury from 3 years ago is the proximate cause of the ongoing complaint. This individual could have had any number of interval accidents or injuries to his foot. He was not in continuous treatment and there is no explanation in Dr. Soriano's note to indicate why the pain this individual is having now is felt to be from the 04/13/2003 injury. Dr. Soriano's note indicates that the date of injury was \_\_\_\_\_. Perhaps Dr. Soriano is referring to a new injury that occurred and a new injury claim needs to be filed. There is no correlation to the \_\_\_\_\_ injury in the current complaints that would give clinical indication that current care is warranted as a result of the \_\_\_\_\_ injury. Therefore, it is denied based on the lack of evidence of need of care substantiated by subsequent designated doctor evaluations in September of 2006.

## Clinical Criteria, Utilization Guidelines or other material referenced

This conclusion is supported by the reviewers' clinical experience with over 10 years of patient care.

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The reviewer for this case is a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

The review was performed in accordance with Texas Insurance Code 21.58C and the rules of Texas Department of Insurance /Division of Workers' Compensation. In accordance with the act and the rules, the review is listed on the DWC's list of approved providers or has a temporary exemption. The review includes the determination and the clinical rationale to support the determination. Specific utilization review criteria or other treatment guidelines used in this review are referenced.

The reviewer signed a certification attesting that no known conflicts-of-interest exist between the reviewer and the treating and/or referring provider, 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 carrier health care providers who reviewed the case for decision before referral to the IRO. The reviewer also attests that the review was performed without any bias for or against the patient, carrier, or other parties associated with this case.

### 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 address for the Chief Clerk of Proceedings would be: P.O. Box 17787, Austin, Texas, 78744.

I hereby verify that a copy of this Findings and Decision was faxed to the Texas Department of Insurance /Division of Workers Compensation, the requestor (if different from the patient) and the respondent. I hereby verify that a copy of this Findings and Decision was mailed to the injured worker (the requestor) applicable to Commission Rule 102.5 this 12<sup>th</sup> day of December, 2006.

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Meredith Thomas  
Administrator  
Parker Healthcare Management Organization, Inc.

CC: Dr. Ramon Manuel Soriano

American Home Assurance/ARCM  
Attn: Raina Robinson