

AccuReview

An Independent Review Organization

569 TM West Parkway

West, TX 76691

Phone (254) 640-1738

Fax (888) 492-8305

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

X: Office Visit at The, PA dictated by X, MD

X: Letter of Appeal dictated by X, PT, DPT

X: Office Visit at The X, PA dictated by X, MD

X: Rehabilitation Prescription at X, PA dictated by X, MD

X: UR performed by X, MD

X: UR performed by X, DO

PATIENT CLINICAL HISTORY [SUMMARY]:

X: Office Visit dictated by X, MD. CC: WC injury following X, CVA, X. X: Here today for refill of X and further X. Reports no pain. Stated X X surgery on X. The claimant is a X y/o XX who suffered on X while working with X when X was involved in an X resulting in X. X X due to XX XX X. X has X is increasing in size and may be contributing to X X. X states X is not effective, and X is requiring use of X every few days. Patient is getting OT thru Dr. X. X had been getting X but that has ended. X has been progressing with X and X. Now able to stand up from chair X. X X is improved although due to X is not functional and tends to hand by side. X can hold X report. X is still having trouble with X, X and X. X states X has difficulty with X and would like to work on further strategies. X X and X limit X to X. X has X. X needs to elevate X— they did not receive X as ordered at last clinic visit. X would like to try more X now that X is able to X independently for a short time. X is to go on a x and is requesting therapies to begin after that time. Claimant explains the timing/onset of s/s to be date of occurrence. Additional timing/onset commend include: X and a severity/intensity level of 0 out of 10. The claimant reports that the physical problem has severe impact and prevents normal activity. Current medications: X. PE: X Motor: X, X noted; X due to X. Extremities: RUE tends to rest in extended position, no significant X. Neuro:

Alert X difficulties noted. Claimant presented in X, can use X independently, tends X XX. Stand to sit is uncontrolled. XX-9 score is 0. Assessment: X Plan: XX management handout provided. Prescribed X, XX with rim and mug with handle, refer to WS out pt PT.OT, Hanger clinic L AFO for stability with strand trials and X training, add X, continue X PRN, may need surgery for X. Evaluate and treat outpatient therapies, SLP evaluate and treat.

X: Letter of Appeal dictated by X, PT, DPT. Recommend PT, X and X evaluations. The claimant currently requires stand by to X movements and X and requires X activities of daily living. X has a great potential to improve X independence through an intensive outpatient rehabilitation program, focusing on functional mobility improvements as well as adaptive measures to increase ease with ADLs and mobility. Approval for the claimant in all three therapeutic disciplines, will enhance X independence and quality of life as well as assist in decreasing XX XX at home.

X: Office Visit dictated by X, MD. CC: WC follow up. PE: unchanged. Assessment: unchanged. Plan: XX XX handout provided, request has been made for a maintenance rehab program to prevent further loss of strength and function with X. X to evaluate height of platform RW. Claimant needs continued X. X does require a maintenance program to meet goals and avoid functional decline. X –X for maintenance of LE motor strength and X, wide X. RX X, LE X. X 8 weeks.

X: Rehabilitation Prescription dictated by X, MD. Refer to utilization management for request of IRO. Frequency and duration: X for maintenance program to maintain current function with X, continued work with X to increase functional use for X and ROM to prevent decline from disuse. X to treat with ongoing strategies for X.

X: UR performed by X, MD. Reason for denial: Based on the medical records and documentation provided the request for treatment of the X, frequency and duration unspecified, as outpatient is not medically necessary. There was no description of the claimant's prior response to treatments. Therefore, the request is denied.

X: UR performed by X, DO. Reason for denial: Based on the review of the

extensive medical documentation, it is my opinion that the request for Reconsideration for Physical Therapy Evaluation and Treatment of the X, weeks (frequency unspecified), as Outpatient, is not medically reasonable, necessary or appropriate. Physical Therapy for X X X has not made any successful gains despite the extensive therapy that X has had over the recent years.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Denial of Physical Therapy evaluation and treatment of the X 8-12 weeks (frequency unspecified), outpatient from X since there is lack of clinical information regarding previous therapy to the X including the number of X program. Therefore, there is no indication that this request is medically necessary currently. Furthermore, after reviewing the medical records and documentation provided, the request for X Evaluation and Treatment of the X, 8-12 weeks (frequency unspecified), as Outpatient between X is denied.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**