

# Parker Healthcare Management Organization, Inc.

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**DATE OF REVIEW:** X

**IRO CASE #:** X

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

Medical necessity of proposed OT 3 X 4 (12) sessions (XX)

## **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 Physical Medicine and Rehabilitation 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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
XX	X		Prosp	X			X	X	X
XX	X		Prosp	X			X	X	X
XX	X		Prosp	X			X	X	X

TDI-HWCN-Request for an IRO- 21 pages

Respondent records- a total of 86 pages of records received to include but not limited to: TDI XX; X letter XX, XX, XX; Texas Standard Prior Authorization; Clinic Progress notes XX-XX; X Consult Form; Dr. X records XX-XX; TWC Work Status Reports; X Occupational Health prescription and records XX; X Rehabilitation PT XX; X Health XX; Records XX-XX

Requestor records- a total of 0 pages of records received to include but not limited to: TDI Issued Notice of Assignment Request for Records XX; PHMO issued Notice of Assignment Request for Records XX

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a X-year-old X who was injured on X, from X. The claimant was diagnosed with X. Treatment had included X and X of X therapy. An evaluation on X, noted subjective complaints of X pain. X-rays of X was X. On X examination, pulses were X. X was X. There was X. Minimal X was noted over X and mild tenderness was noted over the X. X test was negative.

**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.**

The request was previously noncertified by Dr. X on X, as the claimant had already undergone X therapy and should be well versed in a X program, and 12 more sessions would exceed the guidelines. No additional documentation was submitted.

The previous noncertification is supported. The guidelines would support 12 visits of X therapy over eight weeks. The claimant has undergone an unspecified amount of prior X therapy over four to six weeks, has normal X and X, and should be well versed in a X program. The request for 12 additional sessions would exceed the guidelines. The treating provider has not documented the medical necessity of additional XI therapy versus a X program.

Based on the medical records available for review and the peer-reviewed, evidence-based guidelines, the request is not medically supported. The request for X,) three times a week for four weeks, for a total of 12 sessions, for the X and X is denied as not medically necessary.

Official Disability Guidelines  
XX (updated 3/29/2019)  
XX (de Quervain's):  
Medical treatment: 12 visits over 8 weeks  
Therefore, medical necessity has

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

- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES