



Medwork Independent Review

1217 Menomonie Street
Eau Claire, Wisconsin 54703
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
medworkiro@charterinternet.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

Original decision date: 12/06/2007

Amended decision date: 12/10/2007

DATE OF REVIEW: 12/06/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Initial/Appeal denied for additional post-op therapy (97110)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas State Licensed Doctor of Chiropractic

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to 11/19/2007
2. Notice to URA of assignment of IRO dated 11/19/2007
3. Confirmation of Receipt of a Request for a Review by an IRO 11/19/2007
4. Patient request for a Review By an IRO 11/19/2007
5. Company Request for IRO Sections 1-8 undated
6. Company letter to Dr dated 11/14/2007
7. Reconsideration denial letter from Company dated 11/12/2007 (second)
8. Physician Advisor Report dated 11/05/2007
9. Authorization denial letter from Company dated 10/31/2007 (first)
10. Physician Advisor Report dated 10/29/2007
11. Company letter to Solutions- dated 07/25/2007
12. Company claim notes from their system dating 11/13/2007 through 09/11/2007
13. Fax cover sheet from Dr for appeal dated 10/30/2007



Medwork Independent Review

1217 Menomonie Street
Eau Claire, Wisconsin 54703
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
medworkiro@charterinternet.com
www.medwork.org



14. Fax cover sheet from Dr. for preauthorization dated 10/24/2007
15. Letter from Dr., Solutions- dated 10/19/2007
16. Letter from Dr., Solutions- dated 09/07/2007
17. Fax cover sheet from Dr. for preauthorization dated 7/23/2007
18. Letter from Dr., Solutions- dated 07/17/2007
19. Operative report by Dr. dated 06/05/2007
20. EMG/NCS Report by Dr. dated 05/01/2007
21. MRI right shoulder and left elbow dated 04/26/2007
22. Letter from Dr., Solutions- dated 03/07/2007
23. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The history, as far as the patient, he is a xx-year-old male, who was working at xxxxx. Apparently, he assembles or is a laborer assembling air conditioning units. It was during his course and scope of employment that he injured himself on xx/xx/xx. So, at this point, xx/xx/xx, we are talking about almost a year. His surgery was accomplished as noted previously by Dr., I believe that was on 06/05/2007, so you are looking at around six months postoperative and I just do not believe that there is any further positive benefit that will be realized from approving any further therapeutic exercises in his treating doctor's office.

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

I am agreeing with the two past reviewers, who have denied the approval of these nine additional visits. I am upholding their denial. I have reviewed all the appropriate literature that has been provided from the chiropractic doctor and from other doctors including the MRI reports on this patient.

I am basing this on the ODG Guidelines, which apparently the previous reviewers have also gone over and used as a basis. The ODG Guidelines provide for, I believe, 24 visits over a 16-week time frame. In fact, as I understand it from the documentation that has been provided to me, there have been 33 treatments in little over a 16-week guideline postoperative, so the treatment, which already has been provided, exceeds the ODG Guidelines and certainly nine more does not seem to be indicated. The patient also can engage in at-home exercises. The request is for 97110, which are postoperative therapeutic exercises, and I do not see anything in the documentation to indicate that there is any impediment or reason why the patient cannot engage in the at-home exercises that have been indicated by previous reviewers, Dr., D.C., and Dr., M.D.

The patient, per the record, has obtained some improvement in those 33 postoperative visits. He still is at a 4 out of 5 motor rating for abduction, which has really not significantly increased since July, so there is a question of outcomes based at this point.

I believe that the patient is not going to benefit further from any nine additional visits of rehabilitation from Dr..



Medwork Independent Review

1217 Menomonie Street
Eau Claire, Wisconsin 54703
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
medworkiro@charterinternet.com
www.medwork.org



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 KNOWLEDGBASE
- 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)