



## Medwork Independent Review

1217 Menomonie Street  
Eau Claire, Wisconsin 54703  
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**DATE OF REVIEW:** 10/16/07

**IRO CASE #:**

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

Work Hardening 5x Wk x 4 Wks from 08/03/07 to 09/24/07

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

Texas Sate Licensed Doctor of Chiropractic

**REVIEW OUTCOME:** [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE.

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 Department of Insurance Notification to. DBA Independent Review of Assignment 9/26/07
2. Confirmation of Receipt of a request for review by an IRO 9/24/07
3. Company request for IRO section I-VIII
4. Request for a review by an IRO for work hardening 5xWk X 4 Wks 9/18/07
5. Fax sheet approving Work Conditioning total of 20 sessions starting 9/19/07 and to be finished by 10/25/07
6. response regarding disputed services 9/26/07
7. Texas Utilization Request Report for 20 sessions of Work Hardening 5xWk X 4 Wks 8/13/07
8. Dr. Preauthorization Request (Reconsideration Request) 8/6/07
9. Notification of Determination regarding 20 sessions of work hardening 5xWk X 4 Wks 8/4/07
10. Injury Center of Request for Preauthorization for Work Hardening 20 sessions 7/31/07
11. Dr. Preauthorization request 7/31/07
12. Initial interview: request for work hardening services 7/25/07
13. Functional Capacity Evaluation 7/18/07
14. letter dated 4/16/07



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15. ODG guidelines were not provided by the URA

### **PATIENT CLINICAL HISTORY:**[SUMMARY - REFRAIN FROM USING NAME]

The clinical history as reported in the documentation was that we have an injured worker, who is a xx-year-old male who was stepping up to the work line. He slipped and fell on his left knee in an anterior-to-posterior injury mechanism. He has since had 18 treatments postsurgical. He had arthroscopy done, meniscectomy of the left knee, and he has also had an FCE that was performed.

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

The analysis and explanation of the decision would include several factors that have already been addressed in some fashion by two of the other doctors that reviewed this case, the last one being a Dr. here in Texas. I had concerns about the exam as reported by the doctor in this case. He kept listing the strength of the lower extremities as being 5/5 and then in other documents, there was the report of the patient having weakness of the left lower extremity and the knee. The grip strength testing and some of the other testing were out of what would be expected for the patient. Also noted there was no addressing of whether there were Waddell signs or not. The treating doctor apparently had tried to explain both the inconsistency in the grip testing and the range of motion in the injured extremity by saying that the goniometer was not calibrated. However, if he was referencing the FCE that was performed, the range of motion was within normal limits for the left knee as far as flexion and also, it was reported that there was calibration of the equipment to begin the testing on that date.

Being October 12, we are almost two years past the initial injury. As I understand, the initial injury date was xx/xx/xx, and the ODG guidelines indicate that work hardening would not be beneficial past the two-year date. Also, the current ODG guidelines for physical therapy for the 717.9 internal derangement and meniscectomy and arthroscopy is to allow for fading of treatment frequency from up to three times a week to one or less plus active self-directed home physical therapy, nine visits over eight weeks. I believe at this point that the work hardening would not be beneficial to the patient. Also, part of the requirement is that there is an agreed on return-to-work program by the employee and employer, and I do not have any copy of that indicating that that has been accomplished, if there is an actual agreement between the employee and the employer.

Thus, to summarize, I agree with the previous reviewers on the case. I do not certify the work hardening, do not feel that it is supported by the ODG guidelines, and I am using the ODG guidelines that are used here in Texas as my rationale plus my general history as being a chiropractic doctor for 18 years and of having managed a chronic pain management program in Tyler, as well as a work hardening program.

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



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- 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)