



Medwork Independent Review

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Eau Claire, Wisconsin 54703
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16. Medical exam 3/27/07
17. Letter 3/7/07
18. Report of Medical Evaluation 3/6/07
19. Office Note 2/20/07
20. Evaluation Healthcare 2/12/07
21. Physical Performance Evaluation 2/2/07
22. Texas Workers' Compensation Work Status Report 12/12/06
23. Medical exam 12/12/06
24. Medical exam 11/9/06
25. Texas Workers' Compensation Work Status Report 11/8/06
26. Examination 11/8/06
27. CMT and ROM Findings 9/27/06
28. Medical exam 9/11/06
29. Texas Workers' Compensation Work Status Report 8/14/06
30. Medical exam 8/14/06
31. Office Notes Orthopedic 8/5/06
32. Texas Workers' Compensation Work Status Report 7/31/06
33. CMT and ROM Findings 7/29/06
34. Office Notes Orthopedic 7/29/06
35. Office Note 7/25/06
36. MR Arthrogram 7/25/06
37. Post Arthrogram MRI Scan 7/25/06
38. CMT and ROM Findings 7/22/06
39. Office Notes Orthopedic 7/22/06
40. Texas Workers' Compensation Work Status Report 7/24/06
41. Letter Healthcare 7/17/06
42. Texas Workers' Compensation Work Status Report 7/17/06
43. Medical exam 7/17/06
44. Examination 7/5/06
45. Texas Workers' Compensation Work Status Report 7/1/06
46. Office Notes Orthopedic 7/1/06
47. Texas Workers' Compensation Work Status Report 6/19/06
48. Medical exam 6/19/06
49. MRI Left Shoulder 6/1/06
50. Examination 5/26/06
51. MRI C Spine w/o 5/25/06
52. Texas Workers' Compensation Work Status Report 5/22/06
53. Medical exam 5/22/06
54. Medical exam 5/19/06
55. Office Note Healthcare 5/1/06
56. Examination 4/28/06
57. Office Note Healthcare s 4/28/06



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58. Texas Workers' Compensation Work Status Report 4/26/06
59. Medical exam xx/xx/xx
60. Supplement Chart Note xx/xx/xx
61. Employers First Report of Injury or Illness xx/xx/xx
62. Medical exam 4/24/07
63. Medical exam 01/23/07
64. Medical exam 10/09/06
65. Examination 05/20/06
66. ODG guidelines were not provided URA

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

The patient is a female who sustained a work injury to her neck and left shoulder while employed at on xx/xx/xx. She had been working as a cashier there for seven weeks. She began lifting 40-pound boxes onto a trailer. After lifting 10 to 12 of them, she experienced shoulder and neck pain.

Over the next 18 months, the patient had undergone a variety of evaluations and examinations by different providers including chiropractors, neurologists, physical medicine specialists, and orthopedic surgeons. The evaluations have not been consistent for a clear diagnosis. She has been thought to have at least a partial tendon tear on the left shoulder. Her current physician, Dr., believes that she has a left rotator cuff tear, left cervicalgia, and has recommended surgery. Her treating physician, doctor in chiropractic, referred her to System, specifically to, LPC, for a pain management evaluation and a psychological evaluation.

During the examination done by Mr. in February 2007, she was thought to have a chronic pain disorder with both psychological features and general medical conditions resulting from the work injury of April 12, 2006. Mr. found that she had significant depression with a Beck Depression Inventory of 37, in the severe range. She was also found to have severe anxiety with a Beck Anxiety Inventory of 29.

During this evaluation, her mental status demonstrated a cooperative individual with apprehension, mildly impaired short-term memory, but no psychosis or severe depression in the personal interview. He recommended her to enter an interdisciplinary chronic pain management program. The reasons for his recommendations were the likelihood of her benefit seen from such a program due to lack of response to previous medical efforts. He also noted that her pain was interfering with her physical, psychological, social, and vocational functioning, and that she was risking significant and permanent local functioning. The patient has not been able to return to work. He recommended various intervention modalities including psychotherapy, promotion of self-efficacy, coping skills training, assertiveness training, and strengthening support systems. This would also include evaluation of her depression and anxiety, development of realistic goals and improved coping skills, improved sleeping pattern, and increase her daily activity level within her physical limitations.



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

My decision to overturn the previous denial of services is based on the fact that this individual is experiencing significant emotional and consequences of her lack of improvement from her pain and continued disability. Although during a previous evaluation by, orthopedic surgeon done in March 2007, she was described as demonstrating significant functional overlays, none of the other evaluators noted any tendency to exaggerate or magnify her complaints. If anything, she has been described by all other providers as positive and trying to be accommodating and quite patient. She has a strong support system in her immediate family and appears likely to benefit from counseling sessions and individual psychotherapy.

Due to lack of her physical improvement, in view of the conflicting evaluations done by different medical providers, she needs a great deal of psychological support to cope with the persistent pain and disability. Now, surgery or aggressive physical therapy modalities are in place. Psychological treatment to help her cope with the persistent disability is necessary. She can learn cognitive behavioral approaches to cope with her persistent physical problems. Psychotherapy can also help her reduce her depression and anxiety and her subjective pain complaints and improve her sleeping patterns.

My opinions are based on the review of the records submitted and supported by my clinical experience and expertise in accordance with accepted medical standards.

AMENDED ADDENDUM 10/29/2007:

ODG guidelines were not provided by the URA, therefore they were not used in this decision.

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



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- 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)**