



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)

DATE OF REVIEW: 07/08/2008

AMENDED DATE: 07/14/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy 3x a week for 6 weeks (18 sessions) including neuromuscular reeducation, myofascial therapy, therapeutic activities and ultrasound

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 Medwork 06/18/2008
2. Texas Dept of Insurance notice to URA of assignment of IRO 06/18/2008
3. Confirmation of Receipt of a Request for a Review by an IRO 06/18/2008
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 06/18/2008
6. Texas Outpatient Reconsideration Decision non authorization 06/17/2008
7. Reconsideration Preauthorization Request 06/05/2008
8. Texas Outpatient Non Authorization Recommendation 05/28/2008
9. Physical Medicine and Rehabilitation office note 05/19/2008
10. Preauthorization Request 05/16/2008
11. Chiropractic note 05/02/2008, 04/30/2008, 04/29/2008
12. Designated Doctor Exam 04/24/2008
13. Chiropractic note 04/23/2008, 04/18/2008
14. Chiropractic note 03/28/2008, 03/19/2008
15. Preauthorization Request Reconsideration 03/03/2008
16. Chiropractic note 02/22/2008
17. Preauthorization Request 01/30/2008



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



18. Work Restriction 01/30/2008
19. Chiropractic note 01/23/2008, 01/04/2008, 01/19/2007, 12/21/2007
20. Medical Services office note 11/20/2007
21. Physicians Stand Up MRI 11/09/2007
22. Texas Department of Insurance Division of Workers' Compensation Decision & Order 10/16/2007
23. Chiropractic note 11/30/2006
24. report 11/30/2006 (AP pelvis & lumbar spine)
25. Chiropractic/Orthopedic/Neurological Examination 11/30/2006
26. ODG guidelines

PATIENT CLINICAL HISTORY:

The case involves what is at this point a female who was apparently working when she was injured. The nature of the injury was that apparently she was walking through a parking lot and tripped over a metal rod which protruding. The knee and the low back were claimed injuries. This case actually went to a Benefits Review Conference (BRC). It was found that she was not disabled; however, the lumbar spine was declared compensable.

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

It does not appear that the proposed treatments would have a long lasting pain relieving effect. I don't believe, based on my clinical experience with similarly situated patients, that there is a reasonable expectation that the goals which Dr. sets for himself, are attainable, given the multiple complicating factors he himself lists, given the MRI reports of the architectural problems and dysfunctions of the L-spine, and thus, by this reasoning, his request for eighteen (18) additional treatments is both unreasonable, not medically necessary, and denied hereby. I do agree with the fact that ODG guidelines render the 18 treatment request as unreasonable at this point.

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



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



- 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)**