



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)

05/15/2008

DATE OF REVIEW: 05/15/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI of the right shoulder

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 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.

PATIENT CLINICAL HISTORY:

The patient's clinical history is such that we have a who was injured on the job. He was lifting some materials out of boxes and the box slipped and the floor was wet. He fell forward, thrust out his right arm to try and prevent the fall and ended up coming down on his right arm and left knee. The patient was originally seen apparently by what has been referred to as a company doctor. The date of injury was xx/xx/xx. The first MRI performed was 06/12/06, and from the records, it appeared that there was an effort to send him back to work with the affected arm in a sling. He was subsequently seen by Dr. who was the orthopedic surgeon. Eventually, it was determined that there was a complete tear of the rotator cuff anterior portion of the supraspinatus tendons. Dr. intervened with surgery occurring on 08/25/06. Apparently, there was a right shoulder tear and did right shoulder rotator cuff repair. He did biceps tenodesis and debridement of the subscapular area with subacromial work as well. There was work done by the treating doctor as far as rehabilitation as well as other people who did rehabilitative work.

The patient, who is a worker, does not really have much in the way of an education, is not fluent in English, does not write or read English. There was an SCE that was performed. He was returned to work after considerable rehabilitative work and after having a follow-up with Dr.. There was an arthrogram performed of the right shoulder on August 17, 2007. Apparently, the worker was returned back to work. The treating doctor said that there was unauthorized work



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duties that were thrust upon the patient, and as a result, the patient started having more problems.

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

From treating this sort of patient in the past and referring to the records, it appears that a repeat MRI is justified. The patient has diabetes and of course, it is noted that people with diabetes have a slower healing rate. It is altogether possible that he has reinjured the affected arm if he is having unauthorized activities which involve heavy lifting with that right shoulder. Given that there is a bad outcome, I think that a repeat MRI is justified. We are looking at this point; it has almost been nine months since the arthrogram. Certainly, that is enough time for additional problems to develop, and it is not too soon to do another diagnostic imaging to rule out any kind of pathology that has occurred since that time. At this point, I am going to conclude that I am finding that the adverse determination should be overturned, and that there should be a repeat MRI in accordance with best medical practices and the ODG guidelines.

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



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- 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)**