



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Network (WCN)

DATE OF REVIEW: 04/14/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 additional sessions of the work hardening program

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

Texas State Licensed MD Board Certified Orthopedic Surgeon

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 03/30/2009
2. Confirmation of Receipt of a Request for a Review by an IRO 03/28/2009
3. Company Request for IRO Sections 1-8 undated
4. Request For a Review by an IRO patient request 03/27/2009
5. Coventry notification of reconsideration determination letter 02/17/2009
6. Coventry notification of adverse determination letter 01/30/2009
7. Preauth request (two of these) not dated
8. Medical Centers follow up WC visit 02/23/2009
9. Texas Workers' Compensation Work Status Report 02/23/2009
10. Medical Centers follow up WC visit 01/26/2009
11. Texas Workers' Compensation Work Status Report 01/26/2009
12. Re-evaluation report 01/12/2009
13. Functional Capacity Evaluation 10/30/2008
14. Initial evaluation 11/18/2008
15. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

This individual was injured on xx/xx/xx, sustaining a femur fracture on the left side. This was treated surgically with an intramedullary rod. Postoperatively has done physical therapy and has



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now completed 8 out of 10 sessions of work hardening. There has been a request for 10 additional sessions of work hardening.

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

Utilizing the Official Disability Guidelines, the patient does not fulfill the criteria for additional work hardening. The previous adverse determination is upheld. The patient has been shown a home exercise program that they can do independently on their own. There is no indication that additional work hardening would be of benefit to the individual. There is the suggestion that the patient has symptomatic hardware. Work hardening will not address that issue

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
- 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)