



Medwork Independent Review

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DATE OF REVIEW: 05/06/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions of physical therapy

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment 04/16/2009
2. Notice to URA of assignment to IRO 04/16/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 04/16/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 04/15/2009
6. Request for IRO for physical therapy 04/15/2009
7. Pre-authorization request 03/09/2009
8. Reconsideration for physical therapy 03/08/2009
9. Pre-authorization request 02/17/2009
10. Subject: Reconsideration/appeal of adverse determination 02/17/2009
11. Subject: Utilization review determination 02/17/2009
12. Subsequent evaluation 02/16/2009
13. Request for medical dispute resolution 01/22/2009
14. Required medical examination 12/16/2008
15. Confirmation of appointment 11/22/2008
16. Letter of medical necessity 09/25/2008, 09/12/2008
17. Pre-authorization request 09/15/2008
18. Letter of medical necessity 09/12/2008
19. Subsequent evaluation 08/05/2008
20. Chiropractor visit 07/23/2008
21. Pre-authorization request 07/17/2008
22. Subsequent evaluation 07/01/2008
23. Pre-authorization request 06/26/2008



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24. Chiropractor visit 06/26/2008, 06/12/2008, 06/10/2008, 06/05/2008, 06/02/2008
25. Pre-authorization request 05/23/2008
26. Texas workers' compensation work status report 05/22/2008
27. Chiropractor visit 05/22/2008
28. Report of medical evaluation 05/21/2008
29. Designated doctor examination 05/21/2008
30. Texas workers' compensation work status report 04/22/2008
31. Subsequent evaluation 04/22/2008
32. Designated doctor examination – report repeat noncompliance 02/29/2008
33. Texas workers' compensation work status report 02/07/2008
34. Chiropractor visit 02/07/2008
35. Texas workers' compensation work status report 01/28/2008
36. Chiropractor visit 01/28/2008
37. Designated doctor examination – noncompliance 01/04/2008
38. Letter of clarification 12/09/2007
39. Letter to designated doctor 12/06/2007
40. Texas workers' compensation work status report 11/14/2007
41. Chiropractor visit 11/14/2007
42. Subsequent evaluation 11/14/2007
43. Texas workers' compensation work status report 10/09/2007
44. Chiropractor visit 10/09/2007
45. Subsequent evaluation 10/09/2007
46. Letter of medical necessity 09/25/2007
47. Subsequent evaluation 08/30/2007
48. Required medical examination 08/27/2007
49. Texas workers' compensation work status report 08/21/2007
50. Chiropractor visit 08/21/2007
51. Subsequent evaluation 08/21/2007
52. Chiropractor visit 08/13/2007, 08/06/2007
53. Confirmation of appointment 08/02/2007
54. Texas workers' compensation work status report 07/30/2007
55. Upper extremity evaluation 07/30/2007
56. Chiropractor visit 07/30/2007
57. Texas workers' compensation work status report 07/23/2007
58. Chiropractor visit 07/23/2007
59. Physical performance evaluation 07/19/2007
60. Texas workers' compensation work status report 07/17/2007
61. Chiropractor visit 07/17/2007
62. Subsequent evaluation 07/17/2007
63. Weekly progress note 07/05/2007
64. Texas workers' compensation work status report 06/18/2007
65. Upper extremity evaluation 06/18/2007
66. Pre-authorization request 06/05/2007



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67. Physical performance evaluation 05/31/2007
68. Pre-authorization request 05/29/2007
69. Chiropractor visit 05/29/2007, 05/22/2007, 05/17/2007, 05/16/2007, 05/14/2007, 05/10/2007, 05/09/2007, 05/08/2007, 05/03/2007, 05/02/2007, 05/01/2007, 04/25/2007, 04/23/2007
70. Texas workers' compensation work status report 04/23/2007
71. Chiropractor visit 04/19/2007
72. Texas workers' compensation work status report 04/16/2007
73. Upper extremity evaluation 04/16/2007
74. Pre-authorization request 04/13/2007
75. Chiropractor visit 04/09/2007
76. Subsequent evaluation 04/03/2007
77. Chiropractor visit 04/02/2007, 03/29/2007, 03/27/2007, 03/26/2007
78. Texas workers' compensation work status report 03/22/2007
79. Upper extremity evaluation 03/22/2007
80. Chiropractor visit 03/22/2007, 03/21/2007, 03/16/2007
81. Texas workers' compensation work status report 03/15/2007
82. Chiropractor visit 03/15/2007, 03/14/2007, 03/08/2007, 03/07/2007, 03/05/2007, 03/02/2007, 03/01/2007
83. Upper extremity evaluation 03/01/2007
84. Texas workers' compensation work status report 03/01/2007
85. Chiropractor visit 02/28/2007, 02/27/2007, 02/23/2007
86. Pre-authorization request 02/19/2007
87. Texas workers' compensation work status report 02/15/2007
88. Upper extremity evaluation 02/15/2007
89. Referral sheet 02/15/2007
90. Texas workers' compensation work status report 02/14/2007
91. Subsequent evaluation 02/14/2007
92. Chiropractor visit 02/14/2007
93. Review of medical records 02/08/2007
94. Discharge summary 02/08/2007
95. Laboratory reports 02/08/2007
96. Progress notes 02/08/2007
97. Physician's orders 02/07/2007
98. Internal medicine consultation 02/07/2007
99. Operative report 02/07/2007
100. Laboratory reports 02/07/2007
101. Pathology report 02/07/2007
102. Anesthesia record 02/07/2007
103. Pre-anesthesia evaluation 02/07/2007
104. Radiology report 01/23/2007
105. Internal medicine consultation 01/22/2007
106. Electrocardiogram 01/22/2007
107. Laboratory reports 01/22/2007



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108. Chiropractor visit 01/08/2007
109. Physical performance evaluation 01/02/2007
110. Chiropractor visit 12/28/2006
111. Independent review organization summary 12/26/2006
112. Pre-cert/authorization request 12/20/2006
113. Texas workers' compensation work status report 12/19/2006
114. Upper extremity evaluation 12/19/2006
115. Subsequent evaluation 12/12/2006
116. Physical performance evaluation 12/01/2006
117. Confirmation of appointment 11/11/2006
118. Chiropractor visit 11/03/2006
119. Subsequent evaluation 10/26/2006
120. MRI report 10/20/2006
121. Chiropractor visit 10/18/2006
122. Confirmation of appointment 10/11/2006
123. Texas workers' compensation work status report 10/06/2006
124. Subsequent evaluation 10/06/2006
125. Chiropractor visit 10/04/2006, 10/03/2006, 09/28/2006, 09/27/2006, 09/26/2006, 09/22/2006, 09/21/2006, 09/19/2006, 09/15/2006, 09/13/2006, 09/11/2006, 09/08/2006
126. Confirmation of appointment 09/07/2006
127. Letter, lack of support for medical necessity 09/05/2006
128. Reconsideration for work hardening 09/05/2006
129. Subsequent evaluation 08/31/2006
130. Letter, failure to show for examination 08/30/2006
131. Pre-authorization request 08/29/2006
132. Work hardening assessment psychosocial history 08/22/2006
133. Follow-up note 08/17/2006
134. Physical performance evaluation 08/15/2006
135. Chiropractor visit 08/11/2006
136. Designated doctor examination 08/04/2006
137. Report of medical evaluation 08/04/2006
138. Chiropractor visit 08/02/2006
139. Texas workers' compensation work status report 07/27/2006
140. Subsequent evaluation 07/27/2006
141. Chiropractor visit 07/27/2006, 07/24/2006, 07/21/2006, 07/21/2006, 07/19/2006
142. Pain management consultation 07/13/2006
143. Physical performance evaluation 07/11/2006
144. Subsequent evaluation 07/06/2006
145. Chiropractor visit 06/29/2006, 06/21/2006
146. Subsequent evaluation 06/21/2006
147. Weekly progress note 06/13/2006
148. Subsequent evaluation 06/08/2006
149. Physical performance evaluation 06/06/2006



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150. Reconsideration for physical therapy 05/30/2006
151. Chiropractor visit 05/30/2006, 05/25/2006, 05/17/2006
152. Subsequent evaluation 05/14/2006
153. Letter, lack of support for medical necessity 05/10/2006
154. Pre-authorization request 05/10/2006
155. Texas workers' compensation work status report 05/03/2006
156. Initial evaluation 05/03/2006
157. Office visit 04/05/2006
158. Texas workers' compensation work status report 04/05/2006
159. Office visit 02/17/2006
160. Texas workers' compensation work status report 02/17/2006
161. Re-evaluation physical therapy progress report 02/06/2006
162. Plan of care physical therapy 02/06/2006
163. Daily physical therapy note status report 02/02/2006
164. Daily physical therapy note 02/01/2006, 01/30/2006, 01/29/2006, 01/25/2006, 01/23/2006, 01/20/2006, 01/19/2006, 01/17/2006, 01/13/2006
165. Re-evaluation physical therapy progress report 01/12/2006
166. Plan of care physical therapy 01/12/2006
167. Request for pre-authorization 01/10/2006
168. Physical therapy/orthotic referral 01/06/2006
169. Texas workers' compensation work status report 01/06/2006
170. Office visit 01/06/2006
171. Daily physical therapy note 12/30/2005
172. Daily physical therapy note status report 12/29/2005
173. Daily physical therapy note 12/28/2005
174. Job requirements description 12/23/2005
175. Daily physical therapy note 12/23/2005, 12/22/2005, 12/19/2005, 12/15/2005, 12/14/2005, 12/13/2005, 12/09/2005, 12/08/2005
176. Initial physical therapy evaluation 12/07/2005
177. Plan of care physical therapy 12/07/2005
178. Request for pre-authorization 11/30/2005
179. Physical therapy/orthotic referral 11/28/2005
180. Office visit 11/28/2005
181. Texas workers' compensation work status report 11/28/2005
182. Notification of first temporary income benefit payment 11/21/2005
183. Texas workers' compensation work status report 11/18/2005
184. Office visit 11/18/2005
185. Supplemental report of injury 11/17/2005
186. Operative note 11/15/2005
187. Shoulder surgery sheet, Product consignment form, Anesthesia Record, Pre-anesthesia evaluation, Radiology report, Laboratory reports 11/15/2005
188. Request for pre-authorization for outpatient/inpatient surgery 11/04/2005
189. Texas workers' compensation work status report 11/02/2005



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190. Office visit 11/02/2005
191. Texas workers' compensation work status report 10/05/2005
192. Office visit 10/05/2005
193. Texas workers' compensation work status report 08/25/2005
194. Initial office visit 08/25/2005
195. Texas workers' compensation work status report 07/29/2005
196. Referral to orthopedist 07/29/2005
197. MRI report 07/27/2005
198. Physical therapy note 07/25/2005, 07/22/2005
199. Texas workers' compensation work status report 07/20/2005
200. Clinic visit 07/20/2005
201. Physical therapy note 07/19/2005, 07/15/2005
202. Texas workers' compensation work status report 07/13/2005
203. Clinic visit 07/13/2005
204. Texas workers' compensation work status report 07/08/2005
205. Clinic visit 07/08/2005
206. Physical therapy note 07/07/2005, 07/05/2005, 07/01/2005
207. Texas workers' compensation work status report 06/30/2005
208. Physician activity status report 06/30/2005
209. Clinic visit 06/30/2005
210. Clinic referral from family physician 06/28/2005
211. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

Claimant was working and apparently on xx/xx/xx he was picking up a bucket that he reports as weighing approximately 50 pounds. He started experiencing pain in the right shoulder. MRI was done on 07/27/05. Degenerative changes with bone marrow edema, subchondral cysts and subacromial spurring. They did not find any rotator cuff tear at that point in time. The patient has had considerable treatment and diagnostic work in the almost four years. He has had two surgeries. The first surgery was performed on 11/05/06 was a subacromial decompression followed by the second surgery on 02/07/07, which included a modified Mumford and a bicep tendon debridement. The patient's history is reported to have had 36 physical therapy treatments and 24 more treatments plus 12 work hardening treatments. As reported, there were six more PT treatments in May 2008.

In the February 28, 2009 reconsideration determination it was stated that the Official Disability Guidelines of 2009, shoulder Chapter 24, found that the patient has already had more than sufficient visits per the Official Disability Guidelines and that there was no evidence of exacerbation.

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

The decision is to uphold the adverse determination. The Official Disability Guidelines, physical therapy guidelines, allow for fading of treatment frequency for up to three visits per week to one



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or less plus active self-directed home physical therapy or (HEP) home exercise program. Certainly, the patient with the visits and the treatments already noted has had way beyond the Official Disability Guidelines and also beyond the American College of Occupational and Environmental Medicine Guidelines. Based on the records reviewed it was determined the patient was at maximum medical improvement on or about August 4, 2006. This means that there is no indication that any further improvement would be obtained from any additional treatments.

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**
- 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)**