



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
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 Network (WCN)

10/22/2009

DATE OF REVIEW: 10/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

8-14 extension of occupational therapy, left hand

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

Texas State Licensed MD Board Certified Orthopaedic 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 10/02/2009
2. Notice of assignment to URA 10/02/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 10/01/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 09/29/2009
6. Letter from attorney 10/07/2009, letter 09/17/2009, 09/08/2009, medical note 09/11/2009, pre-cert 09/02/2009, therapy record 08/31/2009, letter 08/20/2009, auth request 08/17/2009, therapy record 08/17/2009, req for reconsideration 08/14/2009 & 08/07/2009, TWC report 07/30/2009, medical note 07/30/2009, therapy record 07/29/2009, referral 07/29/2009, UR request, pre-cert req 07/22/2009, medical note 07/17/2009, therapy record 07/17/2009, 07/15/2009, script 07/17/2009, pre-auth req 0628/2009, eval 06/26/2009, eval 06/24/2009, CT 06/23/2009, prescription 06/18/2009, order 06/17/2009, radiology report 06/16/2009, medical note 05/20/2009, ROM eval 06/2009 - 08/2009
7. ODG guidelines were provided by the URA

PATIENT CLINICAL HISTORY:



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
medworkiro@charterinternet.com
www.medwork.org



This patient sustained an injury to the left index finger on xx/xx/xx. He was initially treated with cast immobilization. The patient has subsequently undergone sessions of occupational therapy. Some of these sessions were unauthorized.

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

The previous adverse determination should be upheld. The patient has already exceeded the allotted occupational therapy visits as recommended by the ODG guidelines. There is no good documentation that further therapy under direct supervision would be beneficial to this patient.

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)