



## Medwork Independent Review

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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION*

**DATE OF REVIEW: 09/30/2009**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Additional work conditioning 5x Wk x 2 Wks right ankle (97545 & 97546)

**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 09/15/2009
2. Notice of assignment to URA 09/15/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 09/14/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 09/09/2009
6. determination 09/04/2009, 08/06/2009
7. Medical note 08/20/2009, 07/23/2009, 06/25/2009, 05/28/2009, 05/14/2009, 03/12/2009, 02/12/2009, 01/08/2009
8. Medical note 11/20/2008, 10/23/2008, 09/25/2008, 09/18/2008, procedure note 09/12/2008, medical note 09/10/2008, 08/05/2008, 07/15/2008, letter of medical necessity 07/15/2008, 07/01/2008, 06/10/2008, 04/22/2008, 03/18/2008
9. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

This patient sustained an injury to the ankle in xx/xx. Patient has subsequently undergone surgery. The patient has been noted to have a stable ankle. There was an element of deconditioning. Between June 19, 2009, and July 20, 2009, the patient underwent work hardening. There was a good response to this. Request is for additional work conditioning/hardening sessions.



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

Using Official Disability Guidelines' criteria, there is no indication that the patient requires further work hardening/work conditioning. The patient has completed and has been discharged from work hardening program recently. There is no indication that the patient requires any additional work conditioning/hardening within the records reviewed. The previous adverse determination is upheld.

### **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)