



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

04/01/2010

DATE OF REVIEW: 04/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Occupational therapy 3x Wk x 4 Wks right hand

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

Texas State Licensed MD Board Certified Physical Medicine & Rehab physician

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 03/12/2010
2. Notice of assignment to URA 03/12/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 03/11/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 03/10/2010
6. xxxxx letter 03/03/2010, 02/11/2010, 02/08/2010
7. Medical note 03/02/2010, 02/26/2010 02/25/2010, 02/24/2010, OT eval 02/23/2010, OP report 02/11/2010, medical note 02/22/2010, 02/18/2010, 02/15/2010, 02/11/2010, 02/08/2010, therapy order 02/08/2010, pre-auth rqst 02/04/2010, surgery rqst 02/04/2010, OT eval 02/03/2010, medical note 01/25/2010, pre-auth 01/08/2010, medical note 01/08/2010, therapy order 01/08/2010, , OT eval 01/06/2010, medical note 12/17/2009, 12/14/2009, 12/02/2009, 11/23/2009, 11/16/2009, 11/11/2009, 11/09/2009, 11/02/2009, 10/30/2009, 10/29/2009, 10/19/2009, 10/22/2009, 10/18/2009, 10/15/2009, 10/12/2009, 10/09/2009, 10/08/2009, 10/02/2009, 10/05/2009, 10/01/2009, 09/30/2009, 09/29/2009, 09/25/2009, 09/22/2009, 09/08/2009, OP report 09/01/2009, 08/28/2009, 08/25/2009, 08/18/2009, 08/07/2009, 08/06/2009, 07/30/2009, 07/21/2009, hospital papers 07/21/2009, OP report 07/08/2009, first report of injury 07/06/2009
8. ODG guidelines were not provided by the URA



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PATIENT CLINICAL HISTORY:

This male sustained a xx/xx/xx, occupational electrical burn injury to the right hand which required a September 1, 2009, local flap closure and split-thickness skin graft was performed. He had received approximately 34 postoperative occupational therapy/hand therapy sessions. The claimant underwent a surgical release of a right 3rd web-space burn/scar contracture with multiple Z-plasties. The current request is for an additional occupational therapy 3x Wk x 4 Wks right hand.

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

Based upon the Official Disability Guidelines from the forearm, wrist, and hand chapter, the open wound of finger or hand would require 9 visits over 8 weeks and therefore the requested 12 occupational therapy sessions are excessive, as it is greater than the 9 occupational therapy sessions recommended by Official Disability Guidelines. The denial is upheld with regard to requested additional occupational therapy sessions.

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)