



## Medwork Independent Review

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

**DATE OF REVIEW: 08/25/2010**

**IRO CASE #:**

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

Additional work conditioning program daily x2 weeks (10 sessions)

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management 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 to Medwork 08/05/2010
2. Notice of assignment to URA 08/05/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 08/02/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 08/04/2010
6. Letter 08/04/2010, pre-auth rqst 06/28/2010, 05/19/2010, 06/28/2010, note 07/26/2010, 07/20/2010, 05/19/2010, 05/18/2010, 05/04/2010, FCE 04/26/2010, note 04/19/2010, 03/04/2010, 02/04/2010, 01/22/2010, 01/20/2010, 01/15/2010, 01/15/2010, 01/14/2010, 12/23/2009, 12/15/2009, 11/20/2009, 11/17/2009, 11/09/2009, 10/29/2009, 10/01/2009, 09/22/2009, 09/03/2009, 08//26/2009, radiology 08/01/2009 & 07/24/2009, note 08/19/2009
7. PT records 2009-2010, TDI forms 2009-2010
8. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

The claimant is a male who sustained a work-related injury on xx/xx/xx, secondary to being involved in a pedestrian/motor vehicle accident. Subsequent to the injury, claimant injured left knee and left shoulder. A left shoulder MRI performed revealed partial-thickness tear, infraspinatus tendon at insertion. Left knee MRI performed revealed small radial tear of posterior horn, lateral meniscus; joint effusion; grade 1 contusion, lateral-collateral ligament, bone edema, proximal lateral tibia with nondisplaced fracture. The patient completed conservative treatment consisting of medication management and physical therapy with suboptimal relief. The claimant underwent a left knee partial lateral meniscectomy/arthroscopy surgery. The patient continued with additional physical therapy regarding the left knee and interventional pain management, shoulder steroid injections. Due to the persistence of left shoulder complaints, the claimant eventually underwent a left shoulder surgery (left Neer acromioplasty and collateral ligament resection with rotator cuff



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repair. Of note, just subsequent to claimant's left shoulder arthroscopy surgery, the patient completed 30 hours of work conditioning program, ending January 20, 2010. The patient continued with postsurgical physical therapy for an extended period of time up through May 2010. At that time, the claimant underwent designated doctor evaluation, who after a thorough examination, diagnosed patient with 1) status post left partial lateral meniscectomy, 2) status post chondroplasty, left lateral tibial plateau, and 3) status post left shoulder decompression. The request is for Additional work conditioning program daily x2 weeks (10 sessions).

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

According to the ODG Guidelines under Work Conditioning/Work Hardening recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. There is limited literature support for multi-disability treatment and work hardening for the neck, hip, knee, shoulder, and forearm. Work conditioning should restore the client's physical capacity and function. Work hardening should be work simulation and not just therapeutic exercises, plus there should be psychological support. As with all intensive rehabilitation programs, measureable functional improvement should occur after the initial use. This claimant's overall in-depth treatment, to include physical therapy and work conditioning program, there do not appear to be any unusual clinical circumstances that would support the requested additional work conditioning sessions. It is not recommended that patients go from work conditioning to work hardening to chronic pain programs, repeating many of the same treatments without clear evidence of benefit; therefore, the insurer's decision to deny 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)