



## 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 Non-network (WC)*

**05/10/2010**

#### *MEDWORK INDEPENDENT REVIEW WC DECISION*

**DATE OF REVIEW: 05/10/2010**

**IRO CASE #:**

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

10 sessions of active physical therapy (9110 & 97530) for the lumbar spine

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

Texas State 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 to Medwork 04/22/2010
2. Notice of assignment to URA 04/22/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 04/21/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 04/16/2010
6. ESIS letter 04/06/2010, Concentra letter 04/06/2010, ESIS letter 03/29/2010, Concentra letter 03/29/2010
7. Appeal rqst 04/01/2010, medical note 03/22/2010, pre-auth rqst 03/24/2010, radiology 02/03/2010
8. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

The claimant is a female injured in a motor vehicle accident while on the job, on xx/xx/xx. A MRI of the low back revealed disc problems at more than one level. According to the documents submitted, the patient has had some therapy on the knee and low back (12 sessions on the knee and 4 on the low back). 10 sessions of active physical therapy (9110 & 97530) for the lumbar spine have been requested.



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

Based on the Official Disability Guidelines, the requested 10 sessions of active physical therapy (9110 & 97530) for the lumbar spine is upheld. ODG Guidelines recommends for low back sprain/strain an allowance of 10 visits over 8 weeks. The ODG Guidelines state, as in this case where there are multiple diagnoses, "...in estimating the maximum number of treatment visits for workers with multiple diagnoses, users should use the number from the diagnosis with the longest number of visits. This assumes that whatever separate therapy, if any, that the lesser diagnosis requires, it can be done during the same visits addressing the more serious problem. If there are reasons why these therapies cannot be concurrent, documentation should support medical necessity." There was a failure to do this and from the records a failure to provide adequate medical documentation as to why this was not followed. The records reviewed do not support the requested 10 sessions of active physical therapy (9110 & 97530) for the lumbar spine; therefore, 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 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)