



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)

DATE OF REVIEW: 02/22/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy for the left knee -8 visits

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 02/02/2010
2. Notice of assignment to URA 02/02/2010
3. Confirmation of Receipt of a Request for a Review by an IRO
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 02/01/2010
6. HDI letter 01/27/2010, 01/12/2010, 03/25/2009, 10/10/2008
7. CD documents in pdf form, Medical note 01/25/2010, peer review 01/15/2010, prescription 01/12/2010, UR rqst 12/30/2009, PT 12/23/2009, 12/14/2009, auth rqst 11/30/2009 & order, medical note 11/13/2009, radiology 11/13/2009, medical note 05/20/2009, DD exam 04/20/2009, medical note 04/06/2009, DD appointment letter 03/27/2009, therapy referral 03/18/2009, auth rqst 03/17/2009, medical note 03/02/2009, 02/09/2009, evaluation 02/27/2009-03/17/2009
8. Medical note 12/22/2008, 12/19/2008, 11/20/2008, UR rqst 11/14/2008, medical note 11/14/2008, 11/05/2008, OP report 11/04/2008, medical note 10/29/2008, 10/22/2008, radiology 10/22/2008, medical note 10/10/2008, radiology report 10/06/2008, first report of injury 10/01/2008, medical note 09/30/2008, 09/29/2008, referral forms
9. TDI forms 01/25/2010, 12/22/2009, 04/20/2009, 02/11/2009, 11/20/2008, 10/22/2008, 10/12/2008, 10/10/2008, 10/08/2008, 10/03/2008, 09/29/2008
10. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:



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The patient underwent an arthroscopy in November 2008. He subsequently underwent physical therapy and was doing well. He has presented in 2009 with some recurrent pain and additional physical therapy sessions have been requested.

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

According to Official Disability Guidelines, the patient does not fulfill criteria for additional physical therapy. The patient has already received the recommended amount of physical therapy sessions after his procedure. There is insufficient documentation that further supervised physical therapy would be of value to this patient. 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)