



Medwork Independent Review

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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

12 sessions of physical rehabilitation

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

Texas State Licensed DO 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 to 04/20/2010
2. Notice of assignment to URA 04/20/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 04/16/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 04/15/2010
6. IRO summary 04/22/2010, letter 04/01/2010, 03/17/2010, Claims Management letter 08/26/2009, 08/21/2008, 07/30/2008, 06/06/2008, 01/21/2008
7. Medical note 04/21/2010, 03/31/2010, 03/30/2010, pre-cert rqst 03/29/2010, medical note 03/26/2010, 03/18/2010, 03/16/2010, 03/15/2010, pre-cert rqst 03/12/2010, medical note 03/11/2010, 03/10/2010, 02/25/2010, 02/23/2010, 02/22/2010, 02/19/2010, 02/17/2010, 02/16/2010, 02/11/2010, 02/09/2010, 02/08/2010, 02/04/2010, 02/02/2010, 02/01/2010, 01/30/2010, 01/28/2010, 01/27/2010, 01/25/2010, 01/21/2010, 01/19/2010, 01/18/2010, 01/12/2010, op report & hospital records 01/06/2010, medical note 11/12/2009, 11/10/2009, 11/09/2009, 11/04/2009, 11/03/2009, 11/02/2009, 10/29/2009, 10/28/2009, 10/26/2009, 10/22/2009, 10/20/2009, 10/06/2009, 09/28/2009, 08/25/2009, 08/19/2009, 08/11/2009, 07/15/2009, 07/10/2009, 06/26/2009, 04/27/2009, 03/19/2009, TDI court papers 03/19/2009, 11/03/2008, 10/15/2008, 08/22/2008, peer review 08/18/2008, 08/05/2008, 07/22/2008, 07/08/2008, progress notes 2008, medical note 05/29/2008, 05/28/2008, 05/21/2008, 05/19/2008



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8. TDI form 03/31/2010, 03/30/2010, 03/10/2010, 02/19/2010, 02/16/2010, 01/18/2010, 01/12/2010, 11/04/2009, 10/06/2009, 09/29/2009, 08/25/2009, 08/19/2009, 07/15/2009, 06/26/2009, 02/11/2009, 10/03/2008, 07/08/2008, 05/30/2008, 05/28/2008, 05/21/2008, 05/19/2008
9. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The claimant is a male who sustained xx/xx/xx, occupational injuries to the left shoulder and lumbar spine. On that date he was helping a customer load a 40-pound bag of sand/gravel. When he lifted the bag he noted immediate left shoulder and low back pain. He failed conservative treatment and a left shoulder MRI scan demonstrated a rotator cuff tear for which he underwent arthroscopic repair. He has received 24 postoperative physical therapy/rehabilitation sessions. The treating physician is requesting additional 12 physical therapy sessions.

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

According to the ODG guidelines for post arthroscopic rotator cuff surgical repair 24 therapy sessions over 14 weeks is the maximum permitted. There is no documented unusual clinical circumstance that would support the requested additional physical therapy sessions for this claimant; therefore, the denial 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)



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- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**