



## Medwork Independent Review

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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION*

*Workers' Compensation Health Care Network (WCN)*

**DATE OF REVIEW:** 11/09/2010

**IRO CASE #:**

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

12 visits of physical therapy to the cervical spine over 4 weeks (CPT codes 97110, 97140, 97001, 97012, 97026).

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

Texas State Licensed MD Board Certified Occupational Medicine 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 10/22/2010
2. Notice of assignment to URA 10/22/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 10/22/2010
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 10/11/2010
6. Group letter 10/19/2010, Medical Review 10/15/2010, Group letter 10/13/2010, Medical Review 09/15/2010, Group letter 09/15/2010, Pre-Authorization, FCE 08/20/2010, Pre-Auth 08/09/2010, Initial Evaluation/Examination 08/03/2010, Medical Review 06/30/2010, Referral 05/28/2010, Pre-Authorization 05/11/2010, Review Report 04/01/2010, PT order
7. ODG guidelines were not provided by the URA

#### **PATIENT CLINICAL HISTORY:**

Patient is status post injury from xx/xx/xx. Patient still has neck pain that radiates into the shoulders. Patient's pain is 8 on a scale of 0-10. On physical exam, there is decreased range of motion and tenderness. Patient has completed physical therapy times 9 visits so far. EMG shows C5-C6 radiculopathy and CT shows degenerative disk disease in the cervical region. Review request is for 12 visits of physical therapy to the cervical spine over 4 weeks (CPT codes 97110, 97140, 97001, 97012, 97026).

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



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Referring to the Official Disability Guidelines' chapter on neck under physical therapy; states that patients with neck pain are allowed 9 visits over 8 weeks. Patient has already had 9 visits; this request exceeds the Official Disability Guidelines' treatment plan and the documentation reviewed does not necessitate the request for 12 visits of physical therapy to the cervical spine over 4 weeks (CPT codes 97110, 97140, 97001, 97012, 97026); 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)