



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION

Workers' Compensation Health Care Network (WCN)

MEDWORK INDEPENDENT REVIEW DECISION (WCN)

DATE OF REVIEW: 09/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

PT 3x4, right hand/wrist

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 08/19/2010
2. Notice of assignment to URA 08/19/2010
3. Confirmation of Receipt of a Request for a Review by an IRO 08/06/2010
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 08/05/2010
6. letter 07/13/2010, 07/02/2010, note 07/26/2010, 07/15/2010, 07/06/2010, 06/29/2010, 06/28/2010, 06/25/2010, 06/24/2010, 06/21/2010, 06/16/2010, 02/25/2010, 12/13/2009, 12/12/2009
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

This is a female who is 10 weeks status post carpal tunnel syndrome release (open) surgery secondary to work-related activities on xx/xx/xx. Although the patient's symptoms were improved after the surgery, she continued to complain of pain and decreased muscle strength of the right hand. On her last evaluation, she was noted to have mild to moderate restriction of range of motion of the wrist and mild weakness of the grip strength. The patient was prescribed physical therapy for the relief of the symptoms and post-operative rehabilitation. Request is for PT 3x4, right hand/wrist.

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



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As per Official Disability Guidelines: PT visits are recommended as post-surgical treatment (open) for carpal tunnel syndrome. This is a young woman who underwent surgery for the right carpal tunnel syndrome about 10 weeks ago. The patient's symptoms are not fully resolved yet. She continued to have pain and restriction of range of motion. Also, the patient is concurrently diagnosed with tendonitis of the right elbow and shoulder joint. As per review of medical records, the patient has not received any post-operative physical therapy, except for initial evaluation, after her right carpal tunnel release surgery. She is currently taking large doses of narcotic and anti-inflammatory medications for the control of pain in her wrist.

Per the ODG guidelines, a sustained trial of post-operative PT is indicated in this case due to the following:

- Adequate physical therapy is a part of post-operative rehabilitation and recovery. This patient has not received physical therapy following her wrist surgery. A trial of PT is warranted for rehabilitation of function of her hand.
- The patient is currently taking strong medications for control of pain in her wrist; physical therapy is expected to help in decreasing the use of these medications.
- The patient has not yet reached maximum clinical improvement. A course of PT over several weeks should help her to achieve increased functional capacity.
- The patient's recovery is complicated by her co-existing conditions of tendonitis of the right elbow and shoulder. She is reluctant to use her right arm due to pain occurring at multiple sites. Physical therapy is indicated to preserve the patient's range of motion of the right wrist and to prevent any further complications, such as complex regional pain syndrome (CRPS).

Referencing the ODG guidelines and the records reviewed, an aggressive rehabilitation strategy, including PT 3x4, right hand/wrist, is indicated in this patient due to delay in onset of her treatment and due to her concurrent tendonitis of the right elbow and shoulder joint; therefore, the insurer's denial is overturned.

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



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- 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)

Li Z, Smith BP, Smith TL, Koman LA. "Diagnosis and management of complex regional pain syndrome complicating upper extremity recovery". J Hand Ther. 2005 Apr-Jun; 18 (2):270-6.