



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

08/04/2011

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 08/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening for 10 sessions

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 07/18/2011
2. Notice of assignment to URA 07/18/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 07/15/2011
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 07/05/2011
6. Rehabilitation 06/17/2011, Medicals 05/17/2011, 05/03/2011, 04/26/2011, 03/31/2011, 03/24/2011, 03/22/2011, 03/16/2011, 03/08/2011, 02/08/2011, 01/26/2011, 01/25/2011, 01/13/2011, 12/22/2010, 08/16/2010, 10/15/2010,
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The claimant is an adult, worker who injury date is xx/xx/xx. He was cutting carpet while on his hands and knees, when he began to feel pain in the right knee. He notified the supervisor. An MRI of the right knee was performed on this claimant and the readout indicates moderate



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prepatellar subcutaneous edema, with maceration and complex tearing of the medial meniscus with horizontal tearing extending through the posterior horn. He was subsequently seen by an orthopedic surgeon who performed arthroscopic surgery on the claimant which included a medial and lateral meniscotomy (CPT code 29880) a lateral release (CPT code 29873) and medial abrasion arthroscopy (CPT code 29879). Post-surgically, the records reflect that the claimant had at least twelve (12) treatment visits. Records show that the claimant has exhausted outpatient physical therapy. The physical performance evaluation found that the claimant is functioning at a heavy PDL level, and this is the PDL level of the job he was working at when injured. The results included that he is in the medium to heavy lifting category. When they tested the postsurgical right knee and the uninjured left knee, the flexion percentages were exactly the same, with 70% of normal amount achieved, i.e., 105/150 and zero in extension. This would indicate that at this point, with regard to the important flexion of the knee, the injured knee appears to be just as good as the uninjured one from the PPE numbers. Although it appears that on the lifting occasional and frequent tests he well outperformed the level demanded of him to perform his work, his injury was only to his right knee and not to his upper body. The claimant has had surgery to the right knee, 12 postoperative therapy treatments, and medical management via pharmaceuticals. Review request is for work hardening for 10 sessions.

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

In review of the records the requested work hardening for 10 sessions is not in support of the ODG guideline recommendations; therefore, the insurer's decision to deny is upheld. As noted in reviewed documents, the FCE testing revealed the claimant was able to perform a NIOSH lift up to 95 pounds and a dynamic lift up to 75 pounds. From documents submitted, the warehouse manager lists the claimant's duties as driving a forklift truck and lifting materials up to 65 pounds. Thus, the claimant is well within this range. The claimant was working at that workplace following the injury date and until right before having surgery. The claimant has the same job to return to with ostensibly the same duties available, namely a job. The claimant's anxiety levels are reported to be only minimal to mild anxiety and depression. Documents indicate that no effort has been made to reintegrate the claimant back into his work environment by way of a modified duty or a full-duty regimen prior to the pending request. The Official Disability Guidelines hold that returning to actual work duties has the best long-term outcome even if it requires a gradual transition back to full work duties. Records says that the claimant has indeed returned to work at this point, is working full time, and is functioning at the heavy PDL capacity. This being the case, there seems to be no reason for the claimant to be involved in a program that has as its purpose returning him to work when he is already there and working full time. The Official Disability Guidelines do not support taking a claimant off his full-time job to participate in a return-to-work program.

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



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- 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)