



Medwork Independent Review

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

07/13/2011

DATE OF REVIEW: 07/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy cervical, thoracic, lumbar and right knee x6 visits.

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

Texas Sate 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 06/23/2011
2. Notice of assignment to URA 06/23/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 06/23/2011
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 06/20/2011
6. Rehab 06/06/2011, Modified Preauthorization Determination 05/18/2011, Medicals 05/17/2011, Follow up 05/16/2011, Adverse Determination 05/03/2011, Medicals 05/06/2011, 04/28/2011, 04/11/2011, 04/13/2011, 03/03/2011, 01/26/2011, 01/06/2011, 11/18/2010, 08/05/2010, Rehab history 06/20-04/12/2011, TDI 06/20-04/26/2011.
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

This claimant is a female employed. This patient has had two on-the-job accidents, and both involved automobile accidents. There was reportedly one in which she was struck from behind while she was in the automobile and on the job. The patient complained of pain and weakness in the right arm with intermittent numbness and tingling in that arm. In the next month, the claimant is involved in an on-the-job vehicular accident again. This time, she was driving



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around 40 miles an hour and was struck on the side, pushed into a guard rail, and then her car rolled, and the jaws of life were needed to extract her from the vehicle. She was reportedly taken by private car to the hospital and evaluated. Subsequent to this, she sought care from her family doctor for her injuries from the second workers' compensation accident, had a brief exam, but that doctor does not take worker's compensation cases and rendered no care. She sought care from a chiropractic doctor who rendered care to her with regard to injuries sustained in an automobile accident in xxxx. Report says that this chiropractic doctor rendered some active and passive modalities to the cervical, thoracic, and lumbar spine and was approved for 12 visits. The patient received an MRI of the cervical spine and the lumbar spine. The records indicate the lumbar readout was unremarkable. The cervical spine was remarkable for disk lesions at C4-C5, C5-C6, and C6-C7. There is mention of degenerative changes of some of the bony elements of these articular levels. There was also a report of a knee MRI performed around 4 months after the accident, which did reveal a subacute, chronic, grade 1 strain of the anterior cruciate ligament; grade 2 signal intensity to posterior horn of the medial meniscus without definite tear; and minimal synovial joint effusion. Records state that 12 treatments for the cervical, thoracic, and lumbar spine were given to the patient. The patient has received a PPE evaluation, has received chiropractic care and physical therapeutic modalities, as well as active care, has received medical management via pharmacological agents, and is still not improved well enough to return to her job, which is of a medium PDL rating. Records state that "due to the fact the patient has failed conservative care, including NSAID's, physical therapy, home exercise program, and medication, it's medically warranted for the patient to have a cervical epidural steroidal injection as a diagnostic modality." The physician does indicate he believes the patient needs active care. There is a note from the requesting provider that the patient has not had any active care. A designated doctor evaluation says that all compensable injuries had resolved and that no further care was needed. A review request is for physical therapy cervical, thoracic, lumbar and right knee x6 visits.

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

In review of the records and applying the current Official Disability Guidelines the request for physical therapy cervical, thoracic, lumbar and right knee x6 visits exceeds the ODG recommendations; therefore, the insurer's decision to deny is upheld. The request for physical therapy cervical, thoracic, lumbar and right knee x6 visits is beyond those already received is not supported by Official Disability Guidelines at present. There is no documented indication or comorbid conditions that would indicate reason for exceeding the Official Disability Guidelines.

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



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- 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)