



Medwork Independent Review

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

06/07/2011

DATE OF REVIEW: 06/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right shoulder arthroscopy with Bankart Repair

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

Texas State Licensed MD Board Certified Orthopedic Surgeon

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 05/18/2011
2. Notice of assignment to URA 05/18/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 05/18/2011
4. Company Request for IRO Sections 1-3 undated
5. Request For a Review by an IRO patient request 05/10/2011
6. Adverse Determination Letter 05/10/2011, 04/28/2011, Medicals 05/19/2011, 04/19/2011, 03/14/2011, 02/16/2011, 02/09/2011, Chiro records 04/18/-03/22/2011.
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

Claimant has an injury date of xx/xx/xx to his right shoulder. Claimant has been treated with medications and 12 physical therapy sessions. Claimant complains of ongoing pain that is worse with activity without improvement with PT or medications. Review request is for right shoulder arthroscopy with Bankart Repair.

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



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This claimant does not fulfill Official Disability Guidelines for a right shoulder arthroscopy with a Bankart repair. There is insufficient evidence to suggest that the patient has a Bankart lesion or a labral injury. The radiologist's report of the MRI scan shows that there is no description of any Bankart lesion. There is no description of any labral tear. According to the clinical notes, there is no documentation of any dislocation. The records presented for review are not in support of the ODG recommendations for the requested right shoulder arthroscopy with Bankart Repair; 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)