



Medwork Independent Review

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

06/15/2011

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 06/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 physical therapy of left knee post op.

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management 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. Assignment to 05/27/2011
2. Notice of assignment to URA 05/27/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 05/27/2011
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 05/26/2011
6. Attorney letter 06/01/2011, Insurance letter 05/02/2011, 04/20/2011, Medicals 04/26/2011, 04/25/2011, 04/11/2011, 04/08/2011, 04/07/2011, 04/05/2011, 04/04/2011, 03/30/2011, 02/14/2011, 02/08/2011, 02/04/2011, 01/05/2011, 12/14/2010.
7. ODG guidelines were provided by the URA

PATIENT CLINICAL HISTORY:

Patient has a history of knee pain status post knee injury on xx/xx/xx, and had surgery on xx/xx/xx. Patient had a partial meniscectomy and has completed physical therapy times 12 sessions. Review request is for 12 physical therapy of left knee post op.

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 knee under physical therapy, it states for postsurgical meniscectomy that 12 visits are allowed over 12 weeks. Review records state that the patient has already had completed the recommended 12 visit of physical therapy and has had improvement. The request of additional 12 physical therapy of left knee post op exceeds the ODG guidelines; therefore, the insurer's decision to deny is upheld. The review records are not in support of the recommendation of the ODG 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
- 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)