



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**03/24/2011**

**DATE OF REVIEW: 03/24/2011**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

12 sessions of physical therapy for left knee, left shoulder, right ankle and back

**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 03/07/2011
2. Notice of assignment to URA 03/07/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 03/04/2011
4. Company Request for IRO Sections 1-5 undated
5. Request For a Review by an IRO patient request 03/03/2011
6. 03/08/2011, Pt letter 03/04/2011, 03/02/2011, Preauthorization 02/28/2011, Physician letter 02/25/2011, 02/22/2011, Preauthorization 02/17/2011, History 03/08/2011, 02/15/2011, 02/22/2011, 01/17/2011, 01/24/2011, 01/20/2011, 01/19/2011, 01/07/2011, 01/10/2011, 03/03/2011.
7. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

This is a woman who has suffered two injuries at work noted to be xx/xx/xx and xx/xx/xx. Her X-rays did not reveal any fracture or dislocation. She was diagnosed with left shoulder and knee strain, right ankle strain and back strain. She was prescribed physical therapy for the relief of the symptoms. On her last follow-up evaluation, after completing 12 PT sessions, she was noted to have decreased range of motion and muscle strength of the knee and ankle; there was no



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evidence of radiculopathy on her back examination. An independent review has been requested for 12 sessions of physical therapy to the left knee, left shoulder, right ankle and back.

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

This patient suffered from sprain of the upper and lower extremities and back following a fall incident at work on xx/xx/xx. The patient was prescribed PT for the relief of the symptoms. However, while she was still undergoing treatment, the patient suffered a 2<sup>nd</sup> fall incident on xx/xx/xx. Although the patient has now completed 12 sessions of PT, her symptoms are not fully resolved. She has been prescribed some additional PT for full relief.

As per Official Disability Guidelines, Physical Therapy Guidelines: 12 visits over 8 weeks are recommended for sprains and strains of knee (cruciate, lateral or medial collateral ligament) & 10 physical therapy visits over 8 weeks are recommended for sprains and strains of shoulder. As per ODG PT Guidelines for ankle sprains: 9 visits over 8 weeks are recommended & 10 PT visits over 5 weeks are recommended for sprains and strains of back. A trial of additional PT is indicated in this patient due to the following considerations: The patient has suffered multiple musculoskeletal injuries, including back strain, due to 2 fall incidents during one month duration. PT is the best initial approach in treatment of strains and sprains. As per ODG (Preface): “When managing multiple incidences of disability duration for the same worker on a prospective basis, ODG users should consider each one separately when creating return-to-work expectations using the “Best Practice” Guidelines... These general principles should also apply to recommendations regarding number of treatment visits, for example, physical therapy, even though these visits may or may not be during an absence from work”. Her symptoms were exacerbated due to the 2<sup>nd</sup> fall incident, negating the benefits she achieved from a course of previous therapy. The patient obtained substantial benefit with physical therapy; her symptoms were improved significantly. Another trial of PT is expected to provide her optimum relief and expedite her return to work. Based on the records provided along with the ODG recommendations, the insurer’s decision to deny the requested 12 sessions of physical therapy to the left knee, left shoulder, right ankle and back 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



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- 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)**