



## Medwork Independent Review

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### *MEDWORK INDEPENDENT REVIEW DECISION (WCN)*

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**DATE OF REVIEW: 10/28/2011**

**IRO CASE #:**

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

A work-hardening program, 10 sessions, 5 times a week for 2 weeks.

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

Texas-licensed osteopathic physician, board certified in physical medicine and rehabilitation 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 10/14/2011
2. Notice of assignment to URA 10/14/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 10/13/2011
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 10/13/2011
6. Medicals 10/14/2011, 10/07/2011, Insurance 10/03/2011, Medicals 09/23/2011, Preauthorization Request 09/22/2011, Medicals 09/21/2011, Insurance 09/19/2011, Medicals 09/15/2011, 09/13/2011, Evaluations 09/13/2011, 09/12/2011, 09/08/2011, Medicals 08/25/2011, 08/18/2011, 08/05/2011, Medicals MRI 07/28/2011, Medicals 07/22/2011, Progress Report 07/14/2011, Medicals 07/06/2011, 06/20/2011, 06/16/2011, 06/06/2011, 05/27/2011, 05/24/2011, 05/17/2011, Additional Works Compensation Information
7. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

The claimant is a male who sustained a cervical spine injury dated xx/xx/xx. While performing usual occupational duties, he was struck in the head. A cervical MRI scan on June 16, 2011, demonstrates C3-C4 disk protrusion, C4-C5 disk bulge, and a 30% C5 compression fracture.



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The claimant has received 12 physical therapy treatment sessions. The September 13, 2011, Functional Capacity Evaluation determined that the current claimant physical demand level is medium. However, his usual job duties require a physical demand level of heavy duty. The treating provider is requesting 10 sessions of work hardening. This was previously non-authorized.

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

Based upon the Official Disability Guidelines' neck and upper back chapter regarding work hardening, there is limited literature that supports multidisciplinary treatment and work hardening for neck, hip, knee, shoulder, and forearm. There is no evidence that work hardening for neck pain (reproduction of the work environment) is more effective than a generic strengthening program. Because the Official Disability Guidelines do not support work hardening for neck pain, this request remains 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)