



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION

DATE OF REVIEW: September 7, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy for right shoulder 12 sessions

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 & Spine Surgeon

REVIEW OUTCOME [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]

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 08/22/2011
2. Notice of assignment to URA 08/22/2011
3. Confirmation of Receipt of a Request for a Review by an IRO 08/19/2011
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 08/17/2011
6. 08/15/2011, 08/01/2011, Medicals 07/25/2011, 07/06/2011, 05/18/2011, 05/10/2011, 03/29/2011, 03/11/2011, 02/23/2011, 02/11/2011, 01/07/2011, 12/20/2010, 11/18/2010, 11/16/2010, 09/16/2010, 09/15/2010, 09/10/2010, 09/08/2010, 09/03/2010, 09/01/2010, 08/25/2010, 08/24/2010, 08/19/2010, 08/18/2010, 07/13/2010, 06/28/2010, 06/18/2010.
7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY

This patient has been recommended to have additional physical therapy. This is despite the fact that the patient has already had 36 sessions of physical therapy. The physical therapy date is July 25, 2011. The assessment is that the patient continues with weakness of the right shoulder. Under the plan, it is indicated that the treatment will consist of moist heat, ice application, joint mobilization techniques, manual therapy techniques, and therapeutic exercises. This is the regimen that the patient had already undergone in previous physical therapy.



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The physician's note of July 6, 2011 has been stated. It is indicated that the patient "would like to continue physical therapy, which they have denied. Review request of an aquatic program that he could do on his own in a pool."

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

This patient is more than capable of doing exercises independently. Further use of modalities such as ice and heat are not necessary. The previous adverse determination for further physical therapy should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION: **ODG GUIDELINES MUST BE USED IN DECISION = PER TX RULE**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCP- 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)