



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



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

Original Date: March 23, 2012

Amended Date: March 28, 2012

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 3/22/2012

AMENDED DATE: 3/28/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 supervised rehabilitation sessions with 7 units per session requested

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

Texas State Licensed Doctor of Chiropractic

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. Texas Dept of Insurance Assignment to Medwork 3/6/2012,
2. Notice of assignment to URA 3/2/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 3/6/2012,
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 3/5/2012,
6. Letter from Insurance company 3/8/2012, organization summary 3/8/2012, insurance letter 2/2/2012, 1/23/2012, pre-authorization request 1/18/2012, medical information 1/18/2012, status report 1/18/2012, 12/29/2011, 12/15/2011, 12/12/2011, 11/22/2011, 11/21/2011, 11/18/2011, 10/20/2011, medicals 10/20/2011, 10/13/2011, 10/11/2011, 10/5/2011, letter regarding denial 10/4/2011, medicals 9/21/2011, 9/15/2011, 9/9/2011, letter from patient's physician 9/8/2011, medicals 9/7/2011, 9/2/2011, 8/31/2011, doctor examination 8/26/2011, patient evaluation 8/15/2011, status report 8/5/2011, medicals 7/28/2011, 7/26/2011, 7/21/2011, 7/20/2011,



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



radiology information 7/19/2011, medicals 7/14/2011, 7/5/2011, status report 6/26/2011, medicals 6/7/2011, 6/6/2011, 6/3/2011, 6/2/2011, 5/31/2011, 5/26/2011, status report 5/23/2011, treatment plan 5/22/2011, medicals 5/22/2011, 5/18/2011, 5/16/2011, 5/13/2011, 5/12/2011, letter regarding denial 5/10/2011, medicals 5/10/2011, 5/4/2011, 5/3/2011, physical therapy evaluation 5/2/2011, medicals 5/2/201, 4/26/2011, 4/24/2011.

PATIENT CLINICAL HISTORY:

The patient is a female who was injured on the job while working at. The injury occurred on or about xx/xx/xx. On this date she was working on a 12-foot ladder, fell from three steps up, falling around 4 feet and landing on her left side on some bicycles. She reported several areas of injury, including, but not limited to, the cervical area, thoracic area, lumbar area, left shoulder, and left knee. The injury is noted to be as compensable a cervical, thoracic, and lumbar sprain/strain and partial-thickness rotator cuff tear. Diagnostics already received: She has had diagnostics in the form of cervical and lumbar plain film x-rays and MRI studies of the cervical spine and left shoulder. She was given an NCV/EMG of upper and lower extremities by her physician. She has been administered a functional capacity evaluation and was in a work-conditioning program.

She was initially seen at Hospital and was released. She was seen by another physician who she was referred to. The physician prescribed medrol dosepak. The patient was then sent to therapy at. She was evaluated by the physical therapist who wanted to perform physical therapy for 3 times a week for 4 weeks. This would equal 12 visits. She received passive therapies without significant resolution of her injuries. She is, from the records, under the care of her third chiropractic doctor.

From the note, she was given an HEP (home exercise program) and reported that she felt the exercises were making her worse. She was on restricted work duty working as a greeter.

She had an orthopedic consultation with regard to whether or not the partial tear of the rotator cuff of her left shoulder made her a candidate for shoulder surgery. The orthopedic surgeon, opined that she was not a candidate for surgery of the left shoulder.

Overall, the progress of this patient has been extremely limited. She has not been able to return to full duty, her pain levels are very high, and from most accounts, her range of motion of the left shoulder is very limited, and her motor rating of the left upper extremity is 4/5 and has not returned to 5/5 yet. The patient, still reports an 8 on a 0-10 comparative pain scale.

The patient was evaluated on August 26, 2011. The designated doctor reviewed past clinical records, as well as the EMG/NCV findings. The physician concluded that the extent of the injuries of the patient included cervical, thoracic, and lumbar sprains/strains, which had resolved



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



per the designated doctor, and a sprain/strain of the left shoulder with partial-thickness tear of the rotator cuff and no evidence of a knee injury.

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

The designated doctor in the report of September 16, 2011, based on the exam performed on August 26, 2011, ruled the extent of the injuries to the patient were cervical, thoracic, and lumbar sprains/strains, which had all resolved, and a left shoulder sprain/strain and partial-thickness tear of the rotator cuff of the left shoulder. The designated doctor ruled that all conditions had resolved except for the left shoulder sprain/strain and the partial-thickness rotator cuff tear.

Official Disability Guidelines for physical therapy allow for 'fading of treatment frequency (from up to three visits per week to one or less) plus active self-directed home physical therapy. There are other general guidelines that apply to all conditions under physical therapy in the Official Disability Guidelines' preface." "Rotator cuff syndrome/impingement syndrome, ICD-9 codes 726.1 and 726.12, medical treatment, 10 visits over 8 weeks." "Adhesive capsulitis ICD-9 code 726.0 and medical treatment, 16 visits over 8 weeks." Given the clinical history of this patient, it is clear that the patient has already exceeded the care provided and the recommendations in the Official Disability Guidelines. The records indicate the patient cannot do the home exercise program, and the patient contends the exercises are making her worse. It is not clear whether the patient has, experienced an exacerbation or not. It is clear that the care provided at this point has not brought her pain problems into a manageable level, has not improved her functional left shoulder problems, and has not returned her to her pre-injury job duty level. The request for an additional 12 physical therapy sessions is not justified per the current Official Disability Guidelines; therefore the insurer's denial 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



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



- 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)**