



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
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Independent.Review@medworkiro.com  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

Original Date: October 8, 2012  
Amended Date: October 31, 2012

#### *MEDWORK INDEPENDENT REVIEW WC DECISION*

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**DATE OF REVIEW:** 10/31/2012

**IRO CASE #:**

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

Physical Therapy 3 x a week x 4 weeks

**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

**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 9/18/2012,
2. Notice of assignment to URA 9/14/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 9/18/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 9/17/2012
6. Utilization review determination 9/20/2012, medicals from physical therapy 9/11/2012, utilization review worksheet 7/30/2012, utilization review determination 7/26/2012, progress encounter physical therapy 7/26/2012, utilization review worksheet 7/23/2012, medical documents 7/23/2012, 7/18/2012, 7/16/2012, 7/13/2012, 7/12/2012, 7/10/2012, 7/5/2012, 7/3/2012, 6/29/2012, 6/28/2012, 6/26/2012, 6/22/2012, 6/21/2012, 6/19/2012, 6/14/2012, 6/12/2012, 6/8/2012, 6/7/2012, 6/5/2012, 5/31/2012, 5/30/2012, 5/29/2012, 5/24/2012, 5/22/2012, 5/15/2012.



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### **PATIENT CLINICAL HISTORY:**

The female was noted to have fallen. She sustained a proximal humerus fracture, left shoulder. She was treated non-operatively, including at least 26 physical therapy visits from the spring through the fall of 2012. The most recent records include notes from Physical Therapy, including from the date of 07/26/2012. On that date, the patient was documented to have, while standing, in addition to being supine, markedly limited range of motion. The series of records reveal that most recent therapy date was 09/11/2012. The most recent therapy date of 09/11/2012 reveals, while standing, that the patient had 90 degrees of left shoulder flexion and 80 degrees of abduction and 3-/5 motor power. Prior records were reviewed from the same therapy facility, revealing that the patient had, as of 07/18/2012, while standing, flexion of 100 degrees and abduction of 90 degrees and strength 3-/5 also. Prior records were also reviewed. The patient has been considered for additional formal supervised therapy and was most recently noted to have been felt to be taking over-the-counter medications and was still symptomatic and having an indication for both formal supervised therapy and a prescribed self-administered program, as per the therapist.

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

The patient fractured her left humerus and has been referred for further physical therapy. The requested physical therapy 3xs weekly for 4 weeks is recommended or achieve maximum rehabilitation outcome. The patient has left shoulder guarding and spasm. There is reduced range of motion. She has continued pain with activity and reduced ability to complete activities of daily living. She walks with a protected left upper arm swing and has poor endurance. She has been making steady progress in physical therapy. Continued physical therapy is indicated along with an ongoing home program between PT sessions.

The denial of services 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 KNOWLEDGEBASE
- 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)**