



Medwork Independent Review

5840 Arndt Rd., Ste #2
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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 12/2/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Additional work hardening/conditioning.

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

Texas State Licensed MD Board Orthopedic Surgeon.

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. Dept of Insurance Assignment to Medwork 11/12/2013,
2. Notice of assignment to URA 11/7/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 11/12/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 11/8/2013

Letter to IRO from insurance plan 11/12/2013, letter to insurance plan from department of insurance 11/11/2013, letter from physician 11/4/2013, letter to physician from insurance plan 10/30/2013, 10/28/2013, medical letter from physician 10/28/2013, peer review report 10/28/2013, request for pre-authorization 10/25/2013, letter to physician from insurance plan 10/24/2013, peer review report 10/23/2013, request for pre-authorization 10/22/2013, physical capability evaluation 10/17/2013, medical letter from physician 10/16/2013, evaluation from physical therapy facility 10/16/2013, workers compensation work status report 10/16/2013, injury/follow up appointment 10/7/2013, workers compensation work status report 10/7/2013, 10/2/2013, medical letter from physician 10/2/2013, 9/18/2013, workers compensation work status report 9/18/2013, confidential health care information 9/17/2013, physical therapy prescription 9/16/2013, re-evaluation & plan of care 9/16/2013, progress encounter 9/16/2013, medical letter from physician 9/4/2013, 8/21/2013, 8/16/2013, 8/12/2013, 8/7/2013, 8/2/2013,



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7/31/2013, 7/24/2013, letter from physical therapy facility 7/18/2013, medical letter from physician 7/12/2013, medical notes 7/11/2013, medical letter from physician 3/15/2013, medical notes 2/21/2013.

PATIENT CLINICAL HISTORY:

The patient has been documented to have undergone 10 hours of work conditioning at this time. The patient had been noted to have been injured sustaining a right knee injury. Despite being status post an arthroscopic surgery with partial medial meniscectomy dated July 11, 2013, and 12 postoperative visits and 10 sessions of work conditioning, the patient has persistent subjective and objective.

As of the office visit of October 16, 2013, the patient was 5 degrees short of full extension and 90 degrees of flexion, although the next day, on October 16, 2013, in a functional capacity evaluation, the patient was noted to have 69 degrees of flexion.

The patient had previously reportedly improved from below sedentary to just a sedentary level from the prior FCE on September 20, 2013, to the one done on October 17, 2013. The treating provider requested additional work conditioning in the letter and progress note dated November 4, 2013. On that date, it was noted that the patient had a 5-degree extension lag and 90 degrees of flexion and was using one crutch for ambulation. The patient had been treated with apparently a postoperative cortisone injection and felt that the work conditioning had benefited him significantly.

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

No, additional work conditioning is not reasonable or medically necessary on the basis of the lack of significantly response to the initial sessions of work conditioning. The *Official Disability Guidelines* that are applicable in this case, in the knee chapter, do not support a repeat, essentially, of work conditioning, which is supported for up to 30 hours via 10 visits over typically a 4-week period. At this time, due to the rather inexplicable lack of significant improvement and due to the intent of the guidelines, which would not support essentially repeating work conditioning, the request is not reasonable or medically necessary, and the prior denials are upheld.



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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
- 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)