



Medwork Independent Review

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

Date: January 4, 2013

MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 01/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

12 sessions (3 times a week for 4 weeks) of additional physical therapy for the cervical and thoracic spine

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management 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. Texas Dept of Insurance Assignment to Medwork 12/17/2012,
2. Notice of assignment to URA 12/12/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 12/17/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 12/14/2012
6. Preauthorization request for treatment not dated, adverse determination letter 11/16/2012, evaluation from clinic 11/01/2012, imaging report 10/31/2012, preauthorization letter 10/26/2012, preauthorization form 10/24/2012, adverse determination letter 10/10/2012, medical documents from clinic 10/10/2012, procedure authorization from orthopedics 10/05/2012, progress notes 10/04/2012, initial consultation 10/04/2012, initial medical report 09/27/2012, history and physical of patient 09/19/2012, rehabilitation notes 09/13/2012, medical documents 08/06/2012, progress notes 08/04/2012, medical documents.



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PATIENT CLINICAL HISTORY:

The patient is a female who was injured on xx/xx/xx. The patient injured herself working at her place of employment as xx at a xx. She was injured when a special needs student grabbed her head and held it down, twisting it to the right. The patient is complaining of having constant pain in her upper back, neck and back of her head. She is experiencing stiffness in the neck as well as decrease in motion. She has experienced headaches at times. The patient has taken several medications to help with the pain as well as home exercises, active and passive modalities.

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

The patient is complaining of neck pain radiating into the arms. On physical exam, there was tenderness with decreased range of motion in the neck. MRI shows a C5-C6 disk bulge. The request now is for physical therapy to the cervical region for 12 sessions.

Referring to the official disability guidelines chapter on neck pain, under physical therapy, it states that physical therapy can be given to patients with neck pain or cervical radicular type pain. As the patient has radiating pain, has radicular type pain, this should be certified for 12 sessions, 3 sessions a week for 4 weeks.

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
- 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



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- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**