



## Medwork Independent Review

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

Original Date: September 11, 2013  
Amendment Date: September 17, 2013

**DATE OF REVIEW:** 9/11/2013

**IRO CASE #:**

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

Twelve (12) sessions of physical therapy for the lumbar region.

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

Texas State Licensed Physical Medicine & Rehabilitation Pain Medicine.

#### **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 8/26/2013,
2. Notice of assignment to URA 8/22/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 8/26/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 8/23/2013

Request for Reconsideration from IRO 8/13/2013, notes on follow-up visit 8/8/2013, daily progress notes 8/8/2013, letter from delegate agent 8/7/2013, medical information 8/5/2013, request for reconsideration 7/31/2013, letter from delegate agent 7/29/2013, medical notes 7/25/2013, daily progress notes 7/12/2013, physical assessment evaluation and treatment plan 7/12/2013, daily progress notes 7/11/2013, follow-up visit notes 7/11/2013, workers compensation work status report 6/13/2013, daily progress notes 6/13/2013, follow-up visit notes 6/13/2013, daily progress notes 5/20/2013, follow-up visit notes 5/20/2013, clinical report 5/17/2013, medical notes 5/17/2013, clinical report 5/17/2013, order sheet 5/17/2013, daily progress notes 5/15/2013, follow-up visit notes 5/15/2013, daily progress notes 4/11/2013,



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follow-up visit notes 4/11/2013, daily progress notes 3/24/2013, 3/20/2013, medical notes from toxicology 3/15/2013, laboratory report 3/14/2013, daily progress notes 3/14/2013, follow-up visit notes 3/14/2013, daily progress notes 2/21/2013, medical notes from toxicology 2/21/2013, follow-up visit notes 2/21/2013, workers compensation work status report 1/25/2013, daily progress notes 1/25/2013, follow-up visit notes 1/25/2013, daily progress notes 1/11/2013, follow-up visit notes 1/11/2013, medical notes from toxicology 12/28/2012, laboratory report 12/28/2012, daily progress notes 12/28/2012, follow-up visit notes 12/28/2012, daily progress notes 12/17/2012, medical notes from toxicology 12/14/2012, laboratory report 12/10/2012, daily progress notes 12/10/2012, follow-up visit notes 12/10/2012, daily progress notes 11/29/2012, physical assessment evaluation and treatment plan 11/29/2012, follow-up visit notes 11/26/2012, daily progress notes 11/26/2012, 11/21/2012, 11/20/2012, 11/15/2012, 11/12/2012, 11/12/2012, medical notes from toxicology 11/8/2012.

### **PATIENT CLINICAL HISTORY:**

The patient is a male who was presented with an injury that he sustained while on the job on xx/xx/xx. The patient's right foot slipped and he fell. He hit his left knee and kept falling, twisting his body as he fell. The related compensable injuries had included left wrist injury described as a TFCC tear, De Quervain tenosynovitis, tear of the acetabulum and paralabral cysts of the left hip, meniscal tear of the left knee. These were confirmed by respective MRIs. EMGs of the upper and lower extremities on 06/09/2011 and 06/16/2011 respectively were described as normal. In reviewing office visit notes from 08/08/2013, the patient had tenderness on the right L4, L5, and S1 paraspinals and was unable to bend due to hip pain. He was taking Viibryd for pain relief and continued to have pain in the described areas above. There was a request for physical therapy of the lumbar spine. In reviewing another letter dated 08/28/2013, the physician describes that the patient's low back pain started since February due to his antalgic gait. His antalgic gait was a result of his hip and knee pain. Prior to this request there had been no history of lumbar pain, nor had there been any treatments to the lumbar region. The diagnosis for the lumbar pain was described as lumbar sprain/strain. The physician has requested the patient have physical therapy for his lumbar region to improve his function, gait, and activities of daily living. His request is to improve function and progress the patient to independent home exercise program, and he believes this is within the recommendations of ODG treatment protocols per his letter.

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

The rationale in approving the 12 sessions of physical therapy included the fact that the lumbar pain was sequelae of the hip and knee injury. The physician states clearly in his rebuttal letter that the patient's lumbar pain started secondary to the patient's antalgic gait. His antalgic gait again was secondary to his work-related injuries. Any sequelae related to the initial work-related injury would be considered reasonable and medically necessary to be treated compensably, and therefore because the back pain was a result of the antalgic gait, it should be treated as part of the work-related injury and therefore the request for physical therapy, 12 sessions over 8 weeks is deemed reasonable and medically necessary.



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The denial of these services is overturned.



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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)