



Medwork Independent Review

2777 Irving Blvd #208
Dallas, TX 75207
1-800-426-1551 | 214-988-9936
Fax: 214-699-4588
Independent.Review@medworkiro.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 11/4/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening x10 sessions, bilateral knee, left hip, and lumbar area.

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

Texas State Licensed MD Board Certified 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.

PATIENT CLINICAL HISTORY:

The patient sustained a work-related injury on xx/xx/xx. He had immediate development of lower back, left hip, both knees, and fascial pain. He underwent conservative care.

Diagnostic included on 06/25/2014, left knee MRI, which revealed subchondral cyst in the lateral tibial plateau with a moderate joint effusion. Lumbar MRI reveals bulging disks at L4-L5 and L5-S1. Conservative management has included 11 sessions of physical therapy, modalities utilizing cold therapy, heat, a TENS unit. There is also a suggestion that along the way the patient has had chiropractic care. Additionally, the patient had completed 10 work hardening sessions and the results of these have been included in a rebuttal by the physician. In an appeal for services dated 09/10/2014, the results of the appeal include suggestion that there has been improvement in the first phase of the work hardening program, the first 10 days that has objective data includes pain levels originally at 7-8, decreased to 6-7 when reviewing the second FCE. Original PDL at light medium has improved to medium. After the second FCE, it should be noted that in regards to the second FCE, the patient still had not reached his PDL goals, which is medium heavy, and there is suggestion and documentation to support that the patient does have a job to go back to.



Medwork Independent Review

2777 Irving Blvd #208
Dallas, TX 75207
1-800-426-1551 | 214-988-9936
Fax: 214-699-4588
Independent.Review@medworkiro.com
www.medwork.org



There have been 2 reviews of the request. The rationale for denial comes down to a lack of documentation supporting that the patient is not a candidate for surgery, injections or other more aggressive treatment than he has had that could potentially provide symptomatic relief and improve functional capacity. Previous to this, there was another review and denial. In her review, she states that the reason for denial was that there was not supporting documentation that the first 10 sessions of work hardening program were beneficial that would allow the patient to qualify while work hardening.

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

While the patient has met several criteria to move forward with work hardening program including documentation suggesting that he has improved his physical demand level to go back to working as a laborer, particularly after the work hardening program, he has increase his PDL to medium and his job requires medium heavy, additionally documentation revealed that his pain level has also decreased after the work hardening program and this is supported by the second FCE.

The criteria he has not met however which is more clinically relevant and the patient has not had any evaluation or documentation suggested that he is not a candidate for any further interventional treatments whether this be surgery or injection therapy. He has objective data on his MRI scan as well as physical examination suggest mechanical pain and typically this type of pain can respond to interventional treatments whether this be surgery or injection therapy. There simply needs to be an evaluation where documentation suggests that he is not a candidate for this and that a subsequently work hardening program to compliment the first sessions of the program would be considered reasonable as objective data has revealed there was improvement functionally. However, the same functional improvement can be attained with more aggressive treatments.

In conclusion, the patient essentially has not exhausted all conservative or surgical managements in the care of his musculoskeletal injuries, and as such, would not be considered a good candidate for the work hardening program.

The denial of services is upheld.



Medwork Independent Review

2777 Irving Blvd #208
Dallas, TX 75207
1-800-426-1551 | 214-988-9936
Fax: 214-699-4588
Independent.Review@medworkiro.com
www.medwork.org



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)