



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 6/25/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Chronic Pain Management Program 5 times a week for 2 weeks.

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

Texas State Licensed MD Physical Medicine and Rehab and 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

PATIENT CLINICAL HISTORY:

The claimant is a candidate for a Chronic Pain Management Program. This is utilizing ODG guidelines. Medical judgement clinical expertise in accordance with accepted medical standards. The claimant was injured on a job-related accident on xx/xx/xx. She fell on her left side, landed on her left elbow and left knee and as a result of this, sustained injuries to her left ankle, left knee, left elbow, left shoulder, face, and cervical spine. Treatments today have included analgesic use, which has mostly been over-the-counter, some use of Biofreeze, some use of Zanaflex, but mostly Tylenol. She underwent physical therapy and subsequently underwent multiple MRIs, particularly of the left knee and the left shoulder. The MRI of the left knee performed on 01/17/2014, revealed no ligament or meniscal tears, medial patellar facet chondromalacia, and joint effusions. MRI of the left shoulder performed on 01/17/2014, revealed supraspinatus tendinopathy and partial tear SLAP tear, subacromial and subdeltoid bursal fluid representing a bursitis. Orthopedic evaluation on 02/05/2014, recommended an injection. It appeared that the patient did receive and did not improve her condition. Current active symptoms include left knee and left shoulder pain. There has been question as to whether or not the shoulder pain is related to the work-related injury as it appears that the injury from



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



10/17/2013, there is no significant complaints of the shoulder and then the medical records revealed that this was not addressed on 01/15/2014.

I am also in receipt of a _____ and request for reconsideration of the Chronic Pain Management Program and the treating practitioner chiropractic reports several things including that the patient does require assistance from family members and friends on a regular basis for daily activities. There is _____ avoid him to physical activity due to pain. There is withdrawal from social activities and normal contact with others.

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

The patient does not meet the employer's physical demand requirements. There is depression and anxiety and the patient currently relies on her chronic pain medications for primary pain relief. In regards to his last statement, there is no evidence of suggestion that claimant is utilizing narcotics. note reflects that claimant has only tried Zanaflex and Tylenol, so I do not think this is an accurate statement. Secondly, the claimant continues to have pathology in the shoulder, which clearly revealed that there is a pain generator, this includes a SLAP tear, a supraspinatus tendinopathy and partial tear, and subacromial and subdeltoid bursitis. She has only had an injection in this shoulder and in my clinical opinion, if she continues to have pain and dysfunction at this level, she is not going to respond favorably to a Chronic Pain Management Program, but would rather require some sort of surgical intervention to repair these quite apparent lesions in the shoulder. That will be my recommendation for treatment aside from the Chronic Pain Management Program. Again, if there are active pain generators, these should be treated and "fixed" before entering a tertiary level program, which would be considered a last step to helping this patient. There was also suggestion in previous denials that this shoulder is not compensable as it was not related to the work-related injury and I am not sure that this has any bearing on the question on hand, particularly given the fact that the claimant still has active pain generators. Regarding the depression and anxiety, there is no suggestion or evidence that the claimant has tried anti-depressant or anti-anxiety pill, particularly SSRI or something like Cymbalta that would help the pain and so ultimately I agree with previous denials. My denials not based on the fact that the shoulder pain is not may or may not be related to the work-related injury, but rather than the shoulder pain still requires further medical management.

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



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



- 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)**