



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

Date: September 29, 2015

DATE OF REVIEW: 9/29/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy, 12th session.

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.

PATIENT CLINICAL HISTORY:

This is a male who has been seen by a xxxxx with therapy to his right shoulder. It appears that the right shoulder had previous surgery. It is unclear the date of surgery. Three notes from visits indicate that therapy is being performed on the right shoulder, prior denials for additional therapy are difficult to read due to photocopy artifact, but essentially the gist of these records appeared to be that ODG guidelines would approve 30 visits of therapy over 18 weeks. If there was an open procedure in 24 visits over 14 weeks for an arthroscopic procedure, the affirmation is made that this was an arthroscopic procedure, operative note was not provided and the progress note from this chiropractor does not indicate what type of procedure was performed. The question at this time is the additional need for 12th therapy session.

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

Based on the provided documentation of rotator cuff repair and labral repair, ODG guidelines were utilized to authorize therapy sessions. Based on ODG guidelines shoulder chapter 2015, rotator cuff repair postsurgical open treatment 30 visits over a span of 18 weeks would be considered appropriate, for labral repair 24 visits over 14 weeks would seem appropriate. Based



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on not knowing whether the surgery was open or arthroscopic, benefit of the doubt was given to the patient and 30 visits over 18 weeks should be covered. Based on this, this is partially overturned.

30 therapy sessions over 18 weeks for this claimant should be approved. Three progress notes were provided indicating that he is in therapy. The total number of therapy is unknown that this claimant has undergone. More than 30 visits after surgery should not be approved.

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)

REFERENCES:

1. ODG guidelines shoulder chapter 2015