



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 01/16/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Physical therapy to the right shoulder and right elbow.

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

Texas State Licensed MD Board Physical Medicine and Pain Rehabilitation 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.

PATIENT CLINICAL HISTORY:

This claimant was injured in a work-related injury. He was walking in a dark hallway and tripped on a cord, causing to fall forward on his arms. He developed immediately after this, right shoulder pain and right elbow pain and medical documentation suggested there were no prior injury to these compensable regions.

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

Included x-ray of the right shoulder, MRI arthrogram of the shoulder, MRI of the right elbow without contrast, and electro diagnostic studies respectively. The x-ray of the right shoulder that took place on XX/XX/XX, showed mild degenerative changes of the AC joint, XX/XX/XX MRI arthrogram of the right shoulder revealed SLAP lesion and degenerative changes of the AC joint with underlying rotator cuff tendinopathy without tear. MRI of the right elbow showed osteoarthritis, mild in nature of the elbow joint, minimal synovial effusion of the elbow, tendinosis of the insertion of the triceps tendon, possibility of lateral epicondylitis; XX/XX/XX, moderate ulnar neuropathy, mild median nerve mono neuropathy, no evidence of radiculopathy. Last office visit note we have for review from XX/XX/XX. The treatment provider on this case reports that the claimant is now responding favorably, is making slow progress to his physical therapy and home exercise program and at this point, is pending surgery and remains a surgical candidate.



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The claimant has received 26 sessions for formal active physical therapy. As per the last office visit note of one of the treating provider, the claimant is making slow progress with therapy. With no significant gains after 26 sessions and no extenuating circumstances there is no evidence to exceed official disability guidelines to approve more therapy.

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)