



REVIEWER'S REPORT

DATE OF REVIEW: April 19, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Physical medicine, 6 visits

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Chiropractor licensed in the state of Texas with extensive experience and board certification in pain management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW

1. TDI referral, March 30, 2007
2. Office notes of Health Care, February 14, 2007 to March 3, 2007
3. Response letter April 6, 2007
4. HDi URA reports from March 6, 2007 through March 23, 2007

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured worker suffered a serious knee lesion when he was climbing a ladder and he struck his knee against the metal on the ladder. Exhaustive physical medicine was performed on this patient and he eventually underwent an arthroplasty on May 31, 2006. More physical medicine followed along with a chronic pain program. He apparently suffered some form of exacerbation, but the details of how this happened were not available in the clinic's records. He was found to have a positive abduction/adduction test, a positive McMurray's test and a positive Appley's. The clinic records requested

passive and active care for about 2 weeks and 6 visits was approved by the URA's reviewer, based on pain levels as high as 8/10. After administering that care, the treating clinic is now requesting 6 more visits for PT, which have been declined by 2 reviewers. The first reviewer, DC, noted little improvement from the 6 visits he had authorized. The 2nd reviewer, DC noted that treatment for the knee far exceeded any existing guidelines. The URA records indicate that the patient has had 89 PT visits, 25 CPMP treatments plus 6 recent PT visits, giving a total of 120 treatments of various sorts for a knee injury.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

There has been an exhaustive amount of treatment to this patient's knee and there can be no benefit to the knee with 6 additional visits that could not have been achieved previously. While guidelines are strictly a base level of consideration for various therapies, it cannot be ignored that the carrier and URA have been overly generous with allowing for over 100 therapeutic treatments in this case. There is very little possibility that this patient will recover with 6 visits, after having had that amount of treatment. I am also concerned that the treating clinic has apparently not referred this patient to his orthopedic physician when there are 3 tests that are positive, indicating a possibility of either re-injury or a failure of the surgery from last year. I would recommend no further physical medicine on this patient due to the reasons stated above.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)