

DATE OF REVIEW: 04/28/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Medical necessity of physical therapy evaluation and pain management evaluation as related to the right knee, neck, and low back.

DESCRIPTION OF THE QUALIFICATION OF REVIEWER: Doctor of Chiropractic; Designated Doctor for TDI; Impairment Ratings, Certified; ADL Level II, Certified; Certified, Peer Reviewer.

REVIEW OUTCOME:

Upon independent review, I find that the previous determination should be upheld.

INFORMATION PROVIDED FOR REVIEW:

- 1) Records dated 01/28/2004, 5 pages.
- 2) Records dated 02/17/2004 through 04/28/2004, 99 pages.
- 3) Records dated 02/25/2004, 5 pages. Records of, dated 05/20/2004 through 09/01/2006, 70 pages.
- 4) Records dated 05/20/2004 through 09/01/2006, 70 pages.
- 5) Records dated 05/25/2004 through 08/05/2004, 19 pages.
- 6) Records dated 07/27/2004, 3 pages.
- 7) Records dated 10/05/2004 through 06/27/2005, 29 pages.
- 8) Records dated 12/03/2004 through 04/15/2005.
- 9) Records Dated 12/17/2004, 21 pages.
- 10) Records Open MRI dated 12/17/2004, 5 pages.
- 11) Records dated 01/04/2005, 6 pages.
- 12) Records dated 01/11/2005 through 02/16/2005, 21 pages.
- 13) Records dated 03/07/2005 through 04/25/2005, 10 pages.
- 14) Records dated 05/13/2005, 3 pages.
- 15) Records 05/19/2005, 1 page.
- 16) Records dated 07/15/2005, 18 pages.
- 17) Records dated 08/08/2005, 8 pages.
- 18) Records dated 11/04/2005 through 02/22/2006, 13 pages.
- 19) Records dated 03/02/2006 though 05/02/2006 28 pages.
- 20) Records dated 03/22/2006, 4 pages.
- 21) Records dated 05/18/2006 through 06/26/2006, 96 pages.

INJURED EMPLOYEE CLINICAL HISTORY:

At the time of incident, the claimant was in housekeeping. The injury after a vacuum electrical cord entangled her feet and she fell landing on her right knee. She reported the onset of neck and low back pain within 2 hours of the incident. Initial evaluation was at. Knee study was reported as "Normal right knee". On she presented to where she diagnosed with cervical strain, lumbar strain, and contusion of right knee. She was treated with extensive conservative care concluding on 04/28/2004. Plain film radiographs on 02/25/2004 revealed degenerative changes in the cervical and lumbar spines. MRI of the right knee showed grade 1-2 tear of the medial collateral ligament. She underwent right knee arthroscopy, synovectomy, chondroplasty, and excision of medial synovial plica. On 07/27/2004 the patient received an FCE to determine return to work potential. The FCE determined a physical demand level of light, which is below her expected job demand level of medium. Orthopedic consultation on 09/04/2004 released her for care to On 10/05/2004, the claimant received whole person impairment rating of 2% and declared MMI. She continued medical treatment with on 12/03/2004 through 04/15/2005. She was treated with medications. On 12/17/2004 evaluated her. An electrophysiological study was indeterminate and recommended MRI. Lumbar MRI was performed on 12/17/2004 and revealed 1mm diffuse bulge at L3-4, L4-5, and L5-S1. An FCE was administered on 01/04/2005 to qualify claimant for chronic pain management program. While the FCE failed to employ physiological monitors to establish validity, the FCE did qualify the claimant for a trial of. The claimant had pain consultation with on 01/11/2005. recommendation focused on palliative interventions such as facet medial branch blocks, SI injection, and SI Hyalgen injection. Omitted issues include functional restoration and behavioral techniques. On 03/07/2005, the claimant was evaluated by. He concluded that she was not a good candidate for surgery due to her obesity. Further, he suggested pain pump or dorsal column stimulator. On 05/13/2005 the claimant received prescription for Flexeril, Ibuprofen, and Ultracet from from. A PPE was performed on 07/15/2005. The only given purpose for the exam was to "evaluate current physical abilities". On 08/08/2006, a required medical evaluation was performed by. On 05/18/2006, a work hardening program was recommended. A well designed FCE, employing physiological monitors, was not employed during the pre work hardening evaluation. Request for CPMP was denied by the. On 03/02/2006, the claimant initiated passive care treatment with. concluded on 05/02/2006. Diagnostic ultrasound was performed on the thoraco-lumbar spine on 03/22/2006. Peer review on May 20, 2004 recommended authorization of outpatient arthroscopic surgery. Peer review of 09/01/2004 recommended authorization of for 10 sessions if services were initiated within 30 days.

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

The claimant was treated with extensive chiropractic care, medical management, surgical intervention, and pain management. No clear clinical rationale was identified to substantiate this level of care. Work hardening may be indicated in clinical profiles that require returning an employee to a pre-stated level of functioning as determined by occupational description, DOT levels, and functional capacity evaluation. is indicated in profiles that clearly demonstrate significant clinical depression/anxiety. Work

hardening/conditioning/ may be indicated for up to one month when adequate selection criterion has been established. In this case, care was often excessive and redundant. Work hardening/ necessity was not established with a well-designed FCE that could establish clinical baseline, clinical progress, and treatment end points. Selection and screening criterion were only partially satisfied. No clear goals were established for inclusion of this claimant into a . The claimant has not worked since the date of injury. Finally, these services require preauthorization, which the providers did not obtain.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE CLINICAL 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.) North American Spine Society (NASS), Phase III clinical guidelines for multidisciplinary spine care specialists, and Medical Judgments.