



## IMED, INC.

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**DATE OF REVIEW:** 08/11/07

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Items in Dispute: Therapeutic exercises for bilateral knee injury.

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

Texas License and currently on TDI DWC ADL.  
Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. Treatment records, D.C., xx/xx/xx - 07/23/07.
2. MRI of the left knee dated 04/18/07.
3. MRI of the right knee dated 04/18/07.
4. Designated Doctor Evaluation dated 04/26/07.
5. Medical records Dr. dated 04/27/07.
6. Therapeutic treatment records.

**INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):**

The employee, sustained a work related injury on xx/xx/xx. The employee was walking to her office building when her heel caught the mini blinds on the back of a door causing her to trip and fall on both knees.

The employee was initially evaluated by the company doctor, Dr., who performed x-rays and prescribed physical therapy three times a week and medications. The employee reported back to work, although due to increased pain, she returned to Dr. and was provided modified duty work restrictions. The employee reported continued pain in her knees and indicated she has increased swelling. The employee was reportedly unhappy with her care.

The employee was seen on xx/xx/xx at the Center. Upon physical examination, the employee was normocephalic, atraumatic. Patellar reflexes were reported to be hyporeflexive at 1+. Achilles reflex was 1+ and symmetric. Upon examination of the knees, the employee showed moderate tenderness to palpation of the medial and lateral joint lines, nonpitting edema of the lower extremity, tenderness to palpation of the inferior quadriceps and of the upper tibia at the point of the quadriceps insertion. There was a fluid filled, mobile, nontender lipoma on the inferior right patellar region. Lower extremity motor strength was rated as 5/5. Anterior and posterior drawer was reported to be extremely painful. Varus and valgus testing revealed increased laxity on the left compared to the right. Range of motion of both knees was restricted to 90 degrees passive and active flexion and 5 degrees extension. The employee was recommended to undergo an MRI of the bilateral knees.

An MRI of the left knee was performed on 04/18/07. This study revealed a small effusion, degenerative changes at the medial meniscus, mild degenerative changes at the medial and lateral femoral condyles, and slight Grade I strain of the medial collateral ligament. An MRI of the right knee was performed on 04/18/07. This study revealed a small effusion, diffuse subcutaneous soft tissue edema, focal chondromalacia versus old transchondral injury at the medial femoral condyle, and mild Grade I strain at the MCL.

The employee was referred to Dr. on 04/27/07. Upon examination, the employee was reported to be 5'4" and 220 pounds. She ambulated into the examination room with a slow gait but did not utilize any supportive devices. There was no bruising or discoloration of the skin. The lower extremity reflexes were 1+ at the patella and 2+ at the Achilles and symmetric. The remainder of this report was unavailable for review.

Additional records indicate that the employee received chiropractic treatment/therapeutic modalities from, D.C.

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

The available medical records indicate that the employee sustained contusions to the bilateral knees as a result of a slip and fall occurring on xx/xx/xx. The employee subsequently began receiving therapeutic treatments for this condition and was later referred for MRI of the bilateral knees. These studies revealed mild superficial injuries superimposed over preexisting degenerative conditions. The employee should have been appropriately diagnosed with bilateral knee contusions, and for this particular diagnosis, physical therapy is of little value. It would have been appropriate to have instructed the employee in a home exercise program and then released the employee with periodic follow up until the contusions had healed. There would be no medical indication for a protracted course of therapeutic exercise or physical therapy.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

- A. The *Official Disability Guidelines*, 11<sup>th</sup> Edition, The Work Loss Data Institute.
- B. The *American College of Occupational and Environmental Medicine Guidelines*.  
Chapter 9.

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