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IRO REVIEWER REPORT

DATE OF REVIEW: 06/08/07

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Items in Dispute: Ten sessions of work conditioning.

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 Physical Medicine and Rehabilitation

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. Physical medicine prescription documentation dated 03/06/07, & 04/02/07.
2. Physical medicine progress reports dated 02/28/07, 03/01/07, 03/02/07, 03/05/07, 03/08/07, 03/09/07, 03/13/07, 03/14/07, 03/19/07, 03/23/07, 03/24/07, 03/28/07, 03/29/07, 03/30/07, 04/02/07, 04/05/07, 04/09/07, 04/14/07, 04/16/07, 04/19/07, & 04/23/07.
3. Right knee MRI report dated 03/12/07.
4. Documentation dated 05/29/07.

INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):

The available medical records indicated that the employee sustained an injury in the workplace. The employee was pushing a trash can, slipped on a wet floor, and fell onto the right knee.

The employee received at least twenty-two sessions of supervised physical therapy from. It should be noted that these physical therapy notes primarily consisted of templated notes. When the employee commenced supervised therapy services, the employee's pain level was 5/10. The

last documented session of supervised therapy services on 04/23/07 indicated the employee's pain level was 2/10 in the right knee.

An MRI of the right knee was obtained on 03/12/07. This study disclosed findings consistent with minimal marrow edema in the medial aspect of the proximal tibia. There was suggestion of a tear in the anterior horn of the lateral meniscus, as well as degenerative changes in the posterior horn of the medial meniscus and a small joint effusion.

Documentation dated 05/29/07 indicated that the employee was evaluated by an orthopedic physician, Dr., on 05/01/07, at which time it was recommended that surgical intervention be considered in the form of a right knee arthroscopy. It was also documented that approval had been granted for treatment in the form of a right knee arthroscopy by the insurance carrier with the date of services to be provided to the employee between 05/07/07 and 06/07/07.

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

The date of injury is approximately in age. There is a documented history of an injury sustained to the right knee. An extensive amount of physical therapy was provided to the employee after the date of injury as documented above.

The available medical documentation indicated that consideration has been given for treatment in the form of a surgical procedure to the right knee.

There are instances whereby a work conditioning program would be an appropriate treatment consideration. However, in this particular case, treatment in the form of a work conditioning program would presently not appear to be established as a medical necessity.

As stated above, it appears that consideration has been given for treatment in the form of surgical intervention to the right knee. A work conditioning program at the present time would not be considered reasonable and/or appropriate when there is consideration being given for treatment in the form of a surgical procedure. Additionally, ***Official Disability Guidelines*** indicate that for consideration to be given for treatment in the form of a work conditioning program, there must be documentation to indicate that there is a job for the employee to return to. In this particular case, there was no documentation to indicate if there is a job available for the employee. Also, there was no documentation to indicate that a Functional Capacity Evaluation (FCE) has been accomplished. Such an evaluation would be important to obtain prior to consideration of a work conditioning program in an effort to objectively define an individuals function capabilities and to assess for validity issues.

Official Disability Guidelines also stimulate that if a work conditioning program is to be considered for an individual, there must be documentation to indicate that there would be an expectation for there to be progress made in such a program. The records indicate the employee received an extensive amount of supervised therapy services after the date of injury, and there was no documentation indicating that significant functional progress had been made with supervised therapy services. Therefore, the medical necessity for treatment in the form of a work conditioning program would not appear to be established when past treatment in the form of supervised therapy services did not appear to significantly enhance the employee's functional capabilities and significantly decrease pain symptoms.

Therefore, based upon the medical documentation currently available for review, medical treatment in the form of a work conditioning program would presently not appear of a medical necessity as would be supported by ***Official Disability Guidelines***.

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. ***Official Disability Guidelines***