



## IMED, INC.

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### **IRO REVIEWER REPORT**

**DATE OF REVIEW:** 05/08/07

**IRO CASE NO.:**

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

Items in Dispute: An additional two (2) weeks of work hardening.

**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. 08/01/06 –Imaging Center MRI of the right knee.
2. 08/09/06 & Various Other Dates–Orthopedic Specialists, clinical records of M.D.
3. 09/01/06 –Surgical Center, surgery report of arthroscopy of the right knee.
4. 03/22/07 –Rehabilitation Center, reports of work conditioning.

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

The employee was injured.

Dr. referred the employee to Imaging Center for an MRI of the right knee because of effusion and pain. The radiologist reported significant joint effusion and moderate popliteal cyst. The ligamentous structures were intact for the ACL, PCL, and the medial and lateral collateral ligaments. There was a complex tear of the posterior horn of the medial meniscus that was displaced medially.

Dr., an orthopedic surgeon examined the employee. Dr. noted the history of a slip injury in which the employee heard a pop and had a rapid onset of swelling in the right knee. Dr. reported extension to 0 degrees and flexion of 110 degrees. There was tenderness at the medial third of

the joint line. McMurray's test was positive medially. The knee was stable. There was patellofemoral pain with compression of the patella.

Dr. performed surgery on the right knee at Surgical Center. The procedure included a right knee partial meniscectomy, an arthroscopic partial synovectomy, and a chondroplasty of the medial femoral condyle and medial proximal tibia. The surgery report noted Grade I to II chondromalacia in the patella with osteophytes in the lateral femoral condyle. There was also Grade IV chondromalacia with exposed subchondral bone in the medial femoral condyle and the medial proximal tibia. These areas were debrided along with the meniscus.

Dr. referred the employee for postoperative physical therapy followed by four weeks of work conditioning.

The employee was returned to light duty at work on 11/22/06.

On 04/27/07, Dr. noted subjective complaints of knee pain and weakness. Dr. documented extension to 0 degrees and flexion of 130 degrees. There was mild crepitation on active extension. There was no effusion. There was mild tenderness in the medial joint line. There was no erythema, warmth, cellulitis, or lymph angitis in the knee. Dr. recommended a self-directed rehabilitation program.

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

Although this employee has subjective symptoms of knee pain and weakness, the documented physical examination does not verify or coincide with these complaints. Dr. noted a full range of motion with no effusion or atrophy. Although the employee complains of his knee becoming weaker, there is no atrophy in the upper or lower leg on 04/27/07. There were no indications for further work conditioning or further formal treatment of any kind. Both the *Official Disability Guidelines* and *MDA Guidelines*, along with *ACOEM Guidelines* were used for this determination.

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*
- B. *MDA Guidelines*
- C. *ACOEM Guidelines*