



## IMED, INC.

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**DATE OF REVIEW:** 05/03/07

**IRO CASE NO.:**

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

Items in Dispute: Twenty (20) sessions of chronic pain management.

**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 in Physical Medicine & 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. Right wrist MRI report.
2. Left knee x-ray report dated 11/10/04 & 11/18/04.
3. Left knee MRI report dated 12/02/04.
4. Office notes from Dr. dated 02/04/05, 08/08/05, 12/04/05, 01/09/06, 02/23/06, 03/16/06, 04/06/06, 04/13/06, 05/09/06, 08/22/06, 08/29/06, 09/22/06, 10/25/06, 11/14/06, 11/21/06, 12/01/06, 12/15/06, & 02/14/07.
5. Documentation from Dr. dated 05/02/05.
6. Documentation from the Center dated 01/09/06, 01/20/06, 01/21/06, 01/25/06, 01/27/06, 01/31/06, 02/07/06, & 02/10/06.
7. Functional Capacity Evaluation report dated 02/15/06, 06/28/06, & 01/29/07.
8. Documentation from Dr. dated 02/15/06.
9. Documentation from Dr. dated 04/04/06.
10. Documentation from a work conditioning program which commenced on 04/24/06 and completed on 06/21/06.
11. Documentation from Dr. dated 05/03/06.
12. Documentation from Dr. dated 08/15/06 & 01/23/07.
13. Documentation from Dr. dated 09/07/06.
14. Documentation from Dr. dated 11/09/06.
15. Documentation from dated 03/06/07.

16. Documentation from Clinic dated 03/14/07, 03/29/07, & 04/25/07.

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

The employee sustained an injury in the workplace when the employee slipped and fell on the knees.

A right wrist MRI was accomplished on xx/xx/xx, which revealed findings consistent with a possible ulnar variance with thinning of the triangulofibrocartilage complex. There was also evidence for extensor carpi ulnaris tendinosis.

A left knee x-ray was accomplished on 11/10/04, which revealed findings consistent with no fractures. There were findings consistent with “minimal” degenerative changes.

X-rays of the left knee were accomplished on 11/18/04, which revealed evidence for osteophytic ridging along the medial tibial femoral compartment. There was no evidence of a fracture.

A left knee MRI was accomplished on 12/02/04, which revealed findings consistent with a bucket handle tear that involved the lateral meniscus.

On xx/xx/xx, the employee was evaluated by Dr., who recommended treatment in the form of “some therapy”.

The records document that on 05/02/05, the employee underwent a left knee arthroscopy for a lateral meniscectomy by Dr..

Dr. evaluated the employee on 08/08/05. It was documented that the case was reportedly in dispute.

Dr. evaluated the employee on 12/14/05 and documented that the employee had received no postoperative rehabilitation.

Supervised therapy services were provided to the employee at Center for at least eight sessions from 01/05/06 to 02/10/06.

Dr. evaluated the claimant on 01/09/06, and it was documented that the employee was making some objective gains. It was recommended that the employee continue with ongoing therapy services.

A Functional Capacity Evaluation (FCE) was accomplished on 02/15/06 and was found to be a consistent study. The FCE indicated that the employee appeared to be capable of medium work activities, which “does meet her self-reported PDC” as a housekeeper.

The employee was evaluated by Dr. on 02/15/06 and was placed at a level of Maximum Medical Improvement (MMI) on that date.

An FCE was subsequently accomplished on 02/28/06 by a chiropractor, Dr.. This study disclosed that the employee appeared capable of “light” physical activities. It was recommended that the employee be referred for a work hardening program.

The employee was evaluated by Dr. on 03/16/06, at which time Dr. felt that the employee was an appropriate candidate for treatment in the form of a work hardening program.

The employee was evaluated by Dr. on 04/04/06, who recommended that an MRI of the left knee be accomplished.

Dr. reevaluated the employee on 04/06/06 and 04/13/06. On each occasion, Dr. recommended treatment in the form of a work conditioning program.

The employee was a participant in a work conditioning program from 04/24/06 to 06/21/06. The employee participated in six weeks of such a program. When the employee commenced the work conditioning program, the employee was capable of sedentary to light duty work activities. Upon completion of the work conditioning program, the employee was capable of light duty work activities.

The employee was evaluated by Dr. on 05/03/06 and was placed at MMI and awarded a 10% whole body impairment.

The employee was evaluated by Dr. on 08/15/06, who felt that the employee was an appropriate candidate for referral to an orthopedic physician.

Dr. reevaluated the employee on 08/22/06 and 08/29/06. On 08/29/06, Dr. referred the employee to Dr.

Dr. evaluated the employee on 09/07/06 and recommended treatment from "gel injection".

Dr. evaluated the employee on 09/22/06 and recommended that the employee be referred to Dr. for consideration of therapeutic injections.

On 10/25/06, Dr. reevaluated the employee and indicated "We set her up with Dr. This never transpired." It should be noted that the records do indicate that the claimant did receive an evaluation with Dr.

The employee was evaluated by on 11/09/06. Dr. diagnosed the employee with degenerative joint disease of the left knee and recommended treatment in the form of nonsteroidal anti-inflammatory medication and also recommended consideration of treatment in the form of Synvisc injections to the left knee.

On 11/14/06, Dr. evaluated the employee and recommended treatment in the form of Synvisc injections.

On 11/21/06, Dr. indicated that the employee was with a 4% whole body impairment as it related to the work injury of 10/06/04.

On 12/01/06, Dr. evaluated the employee and indicated "The patient was told she was a candidate for a total knee".

Dr. evaluated the employee on 12/15/06 and recommended treatment in the form of supervised therapy services.

Dr. evaluated the employee on 01/13/07 and placed the employee at a level of MMI and awarded a total body impairment of 4%.

An FCE was accomplished on 01/29/07 at the request of Dr. This evaluation indicated that the employee gave an unreliable effort.

Dr. evaluated the employee on 02/14/07, who recommended treatment in the form of a comprehensive pain management program.

The employee was evaluated by on 03/06/07. Ms. recommended treatment in the form of a comprehensive pain management program after the employee was evaluated.

Documentation from the Clinic dated 03/14/07, 03/29/07, and 04/25/07 consisted of a request for treatment in the form of a comprehensive pain management program.

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

The date of injury is over years in age. The records available for review document that the employee underwent surgical intervention to the left knee. There were no postoperative complications documented.

After surgery was performed, the employee received access to treatment in the form of supervised therapy services and also received access to six weeks of a work conditioning program. Despite treatment in the form of six weeks of a work conditioning program, functional capabilities improved from only a sedentary light activity level to that of a light activity level. It should be noted that prior to participation in a work conditioning program, an FCE had been accomplished on 10/15/06, which actually revealed that the employee was reportedly capable of preinjury work activities. This FCE was found to be a valid study.

Chapter 6 of the *ACOEM Guidelines* and the *Official Disability Guidelines* do provide criteria for consideration as it relates to treatment in the form of a comprehensive pain management program.

Participation in a comprehensive pain management is to include treatment in an effort to maximize the ability to return to work and minimize treatment failure. Additionally, such a program is typically provided to individuals in an effort to prevent over utilization of medications. In this particular case, an FCE accomplished on 02/15/06 disclosed an ability for the employee to perform preinjury work activities. There were no postoperative complications noted, and it would appear that technically the employee underwent a successful surgical procedure on 05/02/05. There was no documentation to indicate that there was ever any over utilization of medications. Additionally, of concern is the fact that when an FCE was accomplished on 01/29/07 at the request of Dr., a designated doctor, the FCE was described as unreliable. With such documentation, the medical necessity of a comprehensive pain management program cannot be established.

In conclusion, based upon the medical documentation currently available for review, the medical necessity of a comprehensive pain management program in this particular would not appear to be established. It was documented per an FCE obtained that the employee was capable of preinjury work activities. There was no documentation to indicate that there was ever a concern with regard to over utilization of prescription medications. In this particular case, it would not appear that appropriate criteria were met as defined by *ACOEM Guidelines* as well as *Official Disability Guidelines* to support a medical necessity for an extensive program.

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. *ACOEM Guidelines*
- B. *Official Disability Guidelines*