

September 11, 2007

**2nd amended decision to correct the error in the
injured worker information.**

REVIEWER'S REPORT

DATE OF REVIEW: 09/05/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Office visit and special report, CPT codes 99212 and 99080 on 06/11/07

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., Diplomate of Congress of Chiropractic Consultants, 22 years of active chiropractic practice, Texas Department of Insurance Division of Workers' Compensation Designated Doctor Approved Doctor's list, Impairment Rating and Maximum Medical Improvement Certified through Texas Department of Insurance Division of Workers' Compensation

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

The office visit and special report, 99212 and 99080 on 06/11/07, were medically necessary for treatment of this patient's on-the-job injury.

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. CMS-1500, EOB (two), and request for reconsideration of office visit 06/11/07

3. ODG – criteria used in denial
4. Office note, interim consultant, work status report on 06/11/07
5. TDI decision and order dated 04/10/06
6. Medical evaluation dated 03/15/07
7. History and physical dated 12/28/06
8. Report of medical evaluation dated 01/03/07
9. Various preauthorizations for prior treatment and services.
10. UR findings dated 01/31/07
11. Social worker notes and evaluation dated 12/19/06 through 07/06/07
12. Pain Management physician's evaluation on 11/20/06 and followup notes 12/11/06 through 08/06/07, five visits
13. Orthopedic surgeon evaluations dated 05/23/07, 07/11/07, and 08/22/07
14. Status report dated 01/10/07
15. Operative report dated 05/17/07
16. Medical record with payments
17. Chiropractic consultation and status reports dated 10/06/06 through 07/16/07, eleven visits

SUMMARY OF INJURED EMPLOYEE CLINICAL HISTORY:

Records indicate the claimant was injured while on her job. According to the available medical records, she slipped on a slippery floor and fell down, landing on her right knee, causing her injuries. Since the time of injury she has received a variety of treatments to include chiropractic care, therapy, medication, and injection therapy. Her condition continued to be present, which necessitated her receiving surgical intervention on 05/17/07. After the surgical intervention, the patient had a followup evaluation by her treating doctor on 06/11/07. At that time the patient had significant positive findings, and the records indicate she is currently status post surgery.

It had been requested and approved according to the Official Disability Guidelines (ODG) for post surgical rehabilitation for a total of eighteen sessions. At the time of this office visit, she had had three of the eighteen sessions. She indicated that stretching exercises increased her pain, but she could tolerate the exercise program. She continued to have a moderately antalgic gait, and she had been restricting her movements at home because of fear of re-injury and falling. At that time she had a followup appointment with her surgeon on 06/20/07.

Records further indicate that the patient presented for an office visit on 06/11/07, utilizing a cane with support. She walked with a moderately antalgic gait and appeared to be in less pain than in the previous office visits. Range of motion was improved, and there was

a notable decrease in the amount of swelling around her knee. At that time it was the treating doctor's decision that the patient continue to follow up with the surgeon as well as continue physical rehabilitation and follow up for evaluation in his office in some four to six weeks.

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

Although the patient did undergo treatment by an orthopedic surgeon, the record clearly indicates that this doctor of chiropractic was the treating doctor for this patient's on-the-job injury. The patient's injury was sufficient that referral for surgical intervention was necessary. This was accomplished, and the treating doctor is required by law to properly evaluate, assist, manage, and do appropriate case management on his patient. This is what was done on 06/11/07. The records are clear that the patient had undergone surgical intervention and had started an aggressive post-surgical rehabilitation program. In addition, at the time of the office visit, it was the treating doctor's responsibility to determine if the patient had responded sufficiently to be able to return to gainful employment. At the time of that assessment, the patient had not attained that level.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 22 years of practice of chiropractic 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.)