



**DATE OF REVIEW:** 04/20/08

**IRO CASE #:**

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

Use of Cybex testing.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

ODG was not utilized in this review because it does not adequately cover the service requested.

**INFORMATION PROVIDED FOR REVIEW:**

1. Request for Cybex testing of the left knee on xx/xx/xx from Dr.
2. Notes.
3. Open MRI scan report of the left knee authored by Dr. and dated 06/28/07. The impression was “small medial meniscal tear, thinned and sprained ACL without a tear.”
4. Initial examination of Dr. dated 07/06/07 where his diagnosis was left knee medial meniscal tear.
5. Operative report of Dr. dated 07/20/07. Procedure was “left knee arthroscopy, partial lateral meniscectomy.”
6. Doppler study of lower extremities, which was negative for deep venous thrombosis read by Dr. on 07/23/07.
7. Dr. saw him on 07/23/07.
8. He was seen by Dr. on 11/15/07 with persistent left knee pain. Repeat MRI scan was recommended.

9. Repeat MRI scan of the left knee showed “suspect 1 cm loose body along the anterior aspect of the knee joint.” This was read by Dr. on 12/03/07.
10. He underwent arthroscopic surgery by Dr. on 01/10/08, which was to remove loose bodies.
11. On 01/28/08 Dr. stated that he would continue his home exercise program and follow up in four weeks and would likely be at maximum medical improvement at that time. Dr. recommended a Cybex exam to compare the left leg strength with the right leg strength.
12. I reviewed a 03/04/08 report from Dr..
13. On 03/10/08 Dr. recommended a repeat MRI scan as well as reiterating his request for Cybex testing.
14. The third MRI scan dated 03/29/08 showed “postoperative changes as described above. A loose body seen on the patient’s previous MRI scan has been surgically removed. Within the resolution of this MRI scan, only scarring and synovial thickening is seen. No definite residual loose body was noted.”

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

This is a xx-year-old male who presented with a history of having injured his left knee on xx/xx/xx. He went on to have an MRI scan, which suggested a medial meniscal tear. He went on to have a lateral meniscectomy and lateral plateau resection. He had postoperative problems resulting in a second MRI scan showing a large loose body, which was surgically extracted on a second procedure. He had continuing catching in the knee, for which a repeat MRI scan was performed, showing synovial thickening of scar tissue. He has undergone physical therapy, but the injured employee still has ongoing complaints, which the surgeon was unable to explain. He apparently has lost his job and does not have a job to go back to. Although he apparently underwent physical therapy, there are no physical therapy notes to review.

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

The injured employee has had two surgeries and three MRI scans on his knee as discussed above. He has continued catching in the left knee, which is inexplicable other than perhaps on the basis of scar tissue or synovial thickening per the third MRI scan. He reports some weakness in the left leg, which is not that unusual following two surgeries. Use of Cybex testing, in my opinion, is not supported. To be able to test the knee flexors and extensors is something that can be performed manually in a sufficient manner to identify the strength of the knee. Furthermore, there is no clinical documentation of any formal strength testing being performed in the physical therapy clinic, which could also be collaborating evidence to help support the conclusion that there is a weakness in that knee. I have seen no peer-reviewed articles that suggest that maximum medical improvement is determined by attainment of an 80% or more strength on the operating leg compared to the nonoperated leg.

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

*(Check any of the following that were used in the course of your review.)*

- 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 accepted medical 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.)