



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 04/25/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy.

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)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed the x-ray report of the right knee dated October 25, 2007 authored by Dr. The impression is, “Post-surgical changes and possible joint effusion without significant acute processes otherwise. Possible minimal loose body versus marginal osteophytosis seen along the midline of the joint plane.”
2. I reviewed various progress notes from Dr.. The date of injury was reported to be xx/xx/xx which was the date that he first saw the injured employee. At that time, the diagnosis was, “Contusion with joint effusion.”
 - o On October 29, 2007, Dr. described an event where the injured employee was walking on uneven ground and tripped into a hole and twisted his knee.
 - o On November 1, 2007, Dr. evaluated him and felt he was in need of an MRI scan of the knee.
 - o On November 2, 2007, an MRI scan of the left knee was read by Dr. as follows: “ACL graft appears intact with no evidence for graft failure or complication. Undersurface tear of the posterior horn medial meniscus. Marked cartilaginous

- defects in the patellar cartilage. Moderate joint effusion.” The history is that he had an ACL repair eight years previous, as well as a meniscal repair at that time.
- He was seen by Dr. orthopedic surgeon, on December 4, 2007. The assessment was, “Right knee pain. Right medial meniscal tear – undersurface. Status post ACL reconstruction with intact graft and no instability symptoms.”
 - He was seen by the same surgeon on January 3, 2008 with persistent symptoms of a mechanical nature. At that point in time, it was discussed that he would undergo arthroscopic surgery.
 - On February 8, 2008, he had arthroscopic surgery by Dr. The postoperative diagnosis was, “Status post right anterior cruciate ligament reconstruction. Medial meniscal tear.” The body of the report indicates that the ACL was intact and the lateral meniscus was intact, but there was some scuffing of the lateral meniscus and scuffing on the far edge of the medial femoral condyle. He underwent a chondroplasty of the medial patella with partial medial meniscectomy.
 - He was seen on February 15, 2008 postoperatively by Dr. for assessment of the surgical site.
 - He was put into physical therapy thereafter.
3. I have reviewed the physical therapy notes. I have a physical therapy report March 12, 2008 indicating that the examinee had improved active motion and functional ability but remained with weakness of the quadriceps.
 4. I reviewed a report from Dr. dated March 25, 2008.
 5. I reviewed a report from Dr. dated April 3, 2008.
 6. ODG guidelines were not presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee twisted his knee when he stepped into a hole. His left knee was swollen. He failed to respond to conservative treatment and had an MRI scan and ultimately, arthroscopic surgery. This was an operation on his knee. His prior ACL repair was found to be intact. He had a partial medial meniscectomy. He went on to have rehabilitation. The last physical therapy note that I see is dated March 12, 2008. At that time, he had completed nine sessions with three additional visits waiting to be completed and he was to follow up with Dr. on March 13, 2008. He had improved but still had some weakness of the quadriceps with improved active motion.

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

The injured employee by now has been exposed to twelve visits of physical therapy, to which he has responded. This is in keeping with the ODG Guidelines which recommend twelve visits following meniscectomy. Although he still has some weakness and decreased mobility, this can be treated by way of a home exercise program, typically part of the twelve weeks of therapy following surgery.

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 judgment, 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.)