



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: January 3, 2008

DWC CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Physical therapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified Physiatrist, Board Certified in Chiropractic, Physical Medicine and Rehabilitation, as well as certified in 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. A work status report from Dr. dated 08/12/2007.
2. Notes from the Care Clinic from 04/22/2007 where she was seen for spasms in his back and sprain of her right knee. X-ray report of the right knee shows “mild osteophytic changes, however, no fractures are seen.” This was signed by Dr. on 04/13/2007.
3. A physical therapy evaluation report of 04/23/2007. The injured employee was seen because of back and right knee pain. She was a xx-year-old female at the time. She reports that symptoms occurred while she was throwing out trash on xx/xx/xx and slipped on a pickle and her left leg went out in front and her right knee bent backwards. She landed on her knee as she fell backwards.
4. A 05/08/2007 note from the Care Clinic where a 24-inch knee immobilizer was prescribed.
5. An MRI report of the right knee dated 05/10/2007 authored by Dr.. The impression is “torn, extruded anterior horn of lateral meniscus, probably extending into the body and possibly into the posterior horn of the lateral meniscus. Torn posterior horn of the medial meniscus. Tricompartmental osteoarthritis with huge joint effusion. A 5-cm Bakers cyst. Chondromalacia of the patella.”

6. A 06/13/2007 report from Dr.
7. A 07/13/2007 operative note from Dr.. The procedure was “chondroplasty of medial femoral condyle. Removal of loose body. Tricompartmental synovectomy. Arthroscopic partial near complete lateral meniscectomy.”
8. There was a prescription for physical therapy dated 08/21/2007 from Dr. consisting of quad exercises, gait retraining. When he saw her 08/27/2007 he indicated that she was five weeks postoperative and doing better in general and recommended a course of outpatient physical therapy and return in six weeks.
9. The progress notes from physical therapy through 11/26/2007. She was prescribed a hinged knee brace with patellar cutout on 10/08/2007 by Dr..
10. Another physical therapy prescription on 10/15/2007 for four more weeks of physical therapy.
11. Another prescription for four more weeks of physical therapy dated 11/14/2007 by Dr.. Therapy was to be directed to the knee following surgery.
12. Physical therapy recommended 12 more visits on 11/30/2007.
13. A report from Dr. dated 11/26/2007.
14. A report from Dr. dated 12/07/2007.

ODG Guidelines were not presented by the carrier.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee slipped and fell xx/xx/xx sustaining an injury to her right knee and lower back. She ultimately had physical therapy for both her back and her right knee, but particularly her right knee having completed over 35 sessions of physical therapy on her knee. The ODG guidelines allow for 12 visits over 12 weeks for status post meniscectomy. She has clearly exceeded those parameters.

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

The ODG guidelines allow for 12 visits over 12 weeks for a meniscectomy. The injured employee has had extensive physical therapy far exceeding those parameters. There is no evidence-based medicine or documentation to suggest that more physical therapy is going to alter her outcome.

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 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.)