

MATUTECH, INC.

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DATE OF REVIEW: October 27, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

10 additional sessions of work hardening

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The physician providing this review is a Doctor of Chiropractic. The reviewer is certified by the National Board of Chiropractic Examiners. The reviewer has been in active practice for 22 years.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of 10 additional sessions of work hardening

INFORMATION PROVIDED TO THE IRO FOR REVIEW

D.C.

- Office visits (05/20/08 - 06/10/08)
- Medical records (05/20/08 - 09/09/08)
- Medical reviews (06/03/08 – 07/16/08)
- Utilization reviews (09/02/08 - 09/29/08)

- Medical Reviews (01/18/08 – 07/16/08)
- Office visits (05/20/08 – 08/20/08)
- Medical records (05/20/08 – 08/13/08)
- Utilization reviews (09/02/08 – 09/29/08)
- Case management note (05/21/08)

Texas Department of Insurance

- Utilization reviews (09/02/08 - 09/29/08)

ODG guidelines have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who injured her left knee on xx/xx/xx, while picking up a xxxx.

On January 18, 2008, M.D., a designated doctor, noted the following treatment history: *Magnetic resonance imaging (MRI) of the left knee revealed an intra-articular transcortical fracture of the medial tibial plateau and edema of the tibial plateau. There was tear of the body and posterior horn of the medial meniscus with partial tear of the tibial collateral ligament and a joint effusion. On xx/xx/xx, Dr. performed partial medial meniscectomy, patellofemoral chondroplasty, medial compartment chondroplasty and abrasion and drilling chondroplasty, lateral compartment chondroplasty abrasion and drilling chondroplasty.* Dr. assessed maximum medical improvement (MMI) and assigned 3% whole person impairment (WPI) rating. He opined that extent of injury was as noted on MRI, including an intra-articular transcortical fracture of the medial tibial plateau without depression, as well as a tear of the body and posterior horn of the medial meniscus and a partial tear of the tibial collateral ligament.

On April 5, 2008, M.D. performed a peer review and rendered the following opinions: (1) The unstable horizontal cleavage tear found on the MRI previously existed. (2) No arthroscopic surgical procedure was warranted and certainly the orthopedic procedure performed at the time of initial surgery did not appear to be related to the compensable event. (3) Further treatment may be reasonable and necessary, but the patient should be evaluated well outside the particular treatment circle. (4) Pain management was not reasonable or necessary as it relates to the compensable event and an independent medical examination (IME) should be conducted well outside the treatment circle.

In a functional capacity evaluation (FCE), the patient qualified at a light physical demand level (PDL) versus medium PDL required by her job. The evaluator recommended additional therapy.

On May 20, 2008, D.C., noted the patient had undergone a second MRI and was advised to undergo a second surgery on her knee. However, he was strongly against this as she had degenerative pain with no instability noted. Since the patient declined a second opinion with an orthopedist, he recommended 10 sessions of a formal work hardening program (WHP). A psychological evaluation by LCSW, indicated that the patient had attended three sessions of individual therapy with improvement in her Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) scores. She recommended 10 sessions of the WHP to transition the patient back to her workplace.

In June, the request for 10 sessions of WHP as well as a reconsideration request was denied. Dr. stated the patient had a follow-up MRI that showed a potential recurrent tear. The patient had been seen by Dr. who did Synvisc injections and gave the option of surgical treatment.

In August, the patient underwent an FCE and qualified at the light PDL indicating moderate functional deficit. The evaluator again requested WHP.

On August 20, 2008, Dr. noted the patient had undergone 10 sessions of WHP with improvement in her range of motion which was initially less than 90 degrees.

Her lifting capabilities had improved from 20-30 pounds to 40 pounds. Dr. requested additional 10 sessions of the WHP.

On September 2, 2008, M.D., denied the request for 10 additional sessions of WHP with the following rationale: *“Based on the medical records submitted for review on the referenced claimant, additional work hardening is not authorized. Claimant was approved for 10 sessions of work hardening previously. Claimant is currently performing at “medium” DOT level. Endurance concern is not substantiated when claimant can bike, do stair stepping and use treadmill for 30 minutes or more.*

In an FCE performed on September 9, 2008, the patient qualified at the light PDL versus medium PDL required by her job.

On September 29, 2008, D.C., denied the reconsideration request for additional 10 sessions of WHP with the following rationale: *“Although the employee has completed 10 sessions of WHP, copies of the WHP records and notes have not been provided for review; the FCE reports are not reliable in that they contain inaccurate information to include the name of the physician on 2 of the 3 reports and the notation that the employee was able to lift 30 lbs floor to shoulder under comments on page 3 of the FCE report dated 05/23/08; and it is noted that after having completed 10 WH, the employee complained of “extreme pain to her left knee when lifting the crate from starting position and is having a real hard time just trying to lift and put it back on the stand” during the FCE completed on 08/13/08; and during the FCE on 09/09/08, it was noted that the employee complained of “very sharp pain to her left knee and lumbar spine when trying to lift up the crate from starting position and is shaky when doing it”. The PDL work requirement is medium and the FCE reports demonstrate the employee is at the medium PDL level even though all three FCE reports state the employee is functioning at a light PDL. Finally it is also noted that it was the employee’s decision not to undergo additional pre-authorized surgery which was recommended by her surgeon and as a result and in accordance with ODG criteria, this would preclude her from a WH program.”*

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

Based on the records submitted, it appears that the claimant in this case injured her left knee. Based on Dr. review of the records, it did not appear to Dr. that much of what was treated was related to the compensable event. However, the claimant was treated arthroscopically and then received aquatic therapy. A work hardening course was requested and denied. It went to an IRO and was approved. Additional work hardening sessions were requested that have been denied. The ODG reports that there is limited scientific literature to support multidisciplinary treatment of the knee. There does NOT appear to be reliable evidence in the records that the claimant would NOT be able to return to her work duties for. There was no physical demands analysis (PDA) in the records to review. The claimant is reported to be a candidate for surgery for unrelated health issues. Regardless of the fact that she decided against further surgery or that it is not related to the compensable injury, it is predictive that she will fail to progress sufficiently with the intensive multidisciplinary program because further

surgical intervention might be required. There was no defined return to work goal agreed to by the employer and employee in the records. Work hardening programs should be completed in 4 weeks consecutively or less. It does not appear that the work hardening program will be completed in 4 weeks consecutively in this case. Therefore, based on the records and the ODG, the requested treatment was NOT approved because it will predictably fail. I agree with that assessment.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE 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**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**