



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 11/11/09

**IRO CASE NO.:**

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

Item in dispute: Work conditioning 5x2 lft knee 97545

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

Texas Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. IRO referral sheet.
2. MRI left knee without contrast 02/28/09.
3. History and physical Dr. dated 04/06/09.
4. Operative report left knee arthroscopic partial medial meniscectomy 04/07/09.
5. Office notes Dr. 04/09/09, 04/23/09, 05/14/09, 05/28/09, 07/02/09, 07/16/09, 07/30/09, 09/02/09, 10/01/09, and 10/22/09.
6. Operative report regarding left knee arthroscopic aided anterior cruciate ligament reconstruction 06/23/09.
7. Order requisition 09/02/09.
8. Functional Capacity Evaluation report 09/03/09.
9. Work conditioning daily progress reports 09/18/09, 09/21/09, 09/22/09, 09/24/09, 09/25/09, and 09/29/09.
10. Work conditioning interim summary undated.

11. Notification of adverse determination 10/02/09 regarding work conditioning 5x2 left knee.
12. Notification of reconsideration determination 10/15/09 regarding work conditioning 5x2 left knee.
13. **Official Disability Guidelines**

#### **PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male whose date of injury was listed as xx/xx/xx.

An MRI of the left knee performed 02/28/09 revealed an extensive marrow edema of proximal tibia compatible with bone bruise or microfracture. There was tearing through the posterior horn of medial meniscus. A large joint effusion also was noted.

The employee underwent left knee arthroscopic partial medial meniscectomy on 04/07/09.

The employee was seen in follow-up on 05/14/09 and continued to improve with his knee with better flexibility, range of motion, strength, and power. The employee was noted to have a tear of anterior cruciate ligament with some instability of knee joint.

On 06/23/09, the employee underwent left knee arthroscopic aided anterior cruciate ligament reconstruction using a hamstring allograft.

The employee was seen in follow-up on 07/30/09. Physical examination reported the employee had good extension and good flexion of knee joint. Quadriceps atrophy was noted. The employee was building his quadriceps and strengthening his muscles. The incision was fully healed with no redness, erythema, or heat noted.

A progress note dated 09/02/09 indicated the employee was doing well with his knee and had better flexibility, range of motion, strength, and power. Upon examination, the employee had full extension/flexion. There was no atrophy of quadriceps. Varus/valgus testing was 0-1/0-1. Anterior posterior drawer was negative both internal and external rotation. There was negative pivot shift and Lachman's. The employee could dorsiflex and plantar flex foot well. Sensation and circulation were otherwise intact.

A Functional Capacity Evaluation was performed on 09/03/09, and the employee was recommended to undergo a work conditioning program. The employee was noted to complete ten sessions of work conditioning with progress reported.

A request for ten additional sessions of work conditioning was reviewed by Dr. On 10/02/09, Dr. determined the request was not certified as medically necessary. Dr. noted the current clinical documentation from requesting provider lacked a reassessment since participation in previous work conditioning. The employee had attended ten work conditioning sessions, and there was insufficient information supporting medical necessity of ten additional/twenty total sessions which would be far greater than maximal recommended by cited criteria.

A reconsideration request for work conditioning 5xWk x 2Wks to left knee was reviewed by Dr. On 10/15/09, Dr. determined the reconsideration request was not indicated as medically necessary. The employee was noted to have been status post left knee ACL reconstruction on 06/23/09 and had participated with two weeks of work conditioning. The request for two additional weeks of work conditioning provided no exceptional indications for extension of service. The records contain no clinical documentation regarding recent employee assessment or otherwise addressing and detailing necessity of proposed service. Dr. noted there was no evaluation indicating employee's current physical capabilities remain significantly less than those required by job, and medical necessity has not been established.

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

Medical necessity is not established for work conditioning 5x2 to left knee. The employee underwent left knee partial medial meniscectomy on 04/07/09 and ACL reconstruction on 06/23/09. The employee participated in postoperative physical therapy. He completed 10 visits of work conditioning with improvement noted. There was no subsequent FCE provided; however, the employee was noted to have made gains in response to treatment. Official Disability Guidelines support work conditioning of up to ten visits over four weeks. There is no clinical documentation to support exceeding these guidelines. Moreover, progress note from Dr. dated 10/22/09 reflects the employee was to be released to return to work with no limitations on 11/02/09. He noted the employee has gained better flexibility, range of motion, strength, and power back to his knee, with no buckling, locking or giving way.

The previous determinations of non-authorization for additional ten work conditioning sessions left knee should be upheld.

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

*ODG Treatment Integrated Treatment/Disability Duration Guidelines, Knee & Leg chapter, Online Version*

ODG Work Conditioning (WC) Physical Therapy Guidelines

WC amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). See also [Physical therapy](#) for general PT guidelines. WC visits will typically be more intensive than regular PT visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, Work Conditioning participation does not preclude concurrently being at work.

Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours.