



REVIEWER'S REPORT

DATE OF REVIEW: 05/10/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Work conditioning four hours daily for two weeks

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Family Practice physician, board certified by the American Board of Family Medicine

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)

Medical necessity does not exist for this service.

INFORMATION PROVIDED FOR REVIEW:

1. HDi, URA findings, 3-29 to 4-7-2010
2. MD, office notes, 9-17-2009 to 4-23-2010
3. Orthopedics PT Dept., notes, 1-25-10 to 3-18-10

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant is a female who was injured on xx/xx/xx when she fell forward on both knees. She had a diagnosis of a thoracic sprain and right knee sprain. She had twelve physical therapy visits in October 2009 for those diagnoses. A left knee arthroscopy was done with a meniscectomy on 11/24/09. Postoperative therapy began on 01/25/10, and she completed twelve visits of therapy to the left knee on 03/01/10. Range of motion of the left knee at that time was -1 degrees to 180 degrees. Strength was 5/5, and the patient had some difficulty with eccentric quadriceps control in both ascending and descending steps. Further functional assessments were performed and indicated some improvement

but some persistent pain. She was last seen, according to the notes I had, by her orthopedist on 04/23/10 with no effusion and some medial joint line tenderness, but an otherwise normal exam of her knee.

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

This patient's thoracic sprain and left knee pain and postoperative meniscectomy are usually and almost always treated with the usual rehabilitation modalities of physical therapy, which has been done, and the healing nature of time. This patient's injuries and surgical situation were not out of the ordinary, and her progress seems to be appropriate. Her examination on 03/24/10 and on 04/23/10 by her orthopedist revealed no swelling in the knee with some pain and tenderness but full range of motion. There is nothing to indicate that her situation is abnormal or slow to progress, and she should do fine with a return to work in the usual fashion. Further physical therapy may help, but a work conditioning program is not indicated with this minimal symptomatology. In addition to this, the evaluation summary of functional capacity shows that her abilities are only slightly less than expected for her job regarding lifting, standing, walking and sitting. That same evaluation indicates that her abilities for pushing, pulling, reaching, and handling are above and better than the demands of her occupation. On these bases, work conditioning does not seem to be indicated.

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.)