

# Clear Resolutions Inc.

An Independent Review Organization  
6800 W. Gate Blvd., #132-323  
Austin, TX 78745  
Phone: (512) 879-6370  
Fax: (512) 519-7316  
Email: resolutions.manager@cri-iro.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/16/2012

**IRO CASE #:**

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

outpatient Work Hardening 80 hours related to the left knee

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

M.D., Board Certified Pain Medicine

**REVIEW OUTCOME:**

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines

Utilization review determination dated 01/26/12, 02/16/12

Work hardening program preauthorization request dated 01/20/12

Patient report of work duties no date

Functional capacity evaluation dated 12/12/11

Follow up note dated 01/18/12, 11/08/11, 10/04/11, 09/13/11, 09/06/11, 08/16/11, 08/23/11, 11/11/11, 01/04/12

Assessment/evaluation for work hardening program dated 01/18/12

Extent of injury review dated 02/07/12

Peer review dated 10/12/11

Designated doctor evaluation dated 12/07/11

Radiographic report dated 08/16/11

MRI left knee dated 08/16/11

Work hardening plan and goals of treatment dated 01/18/12

Initial behavioral medicine consultation dated 12/12/11

Reconsideration dated 02/06/12

Employee's report of injury dated 08/15/11

Handwritten note dated 09/01/11, 10/25/11-12/08/11

History and physical dated 12/07/11

Initial rehab evaluation dated 12/08/11

Handwritten physical therapy discharge report dated 12/22/11

Handwritten physical therapy progress report dated 11/17/11

### PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. The mechanism of injury is described as placing supplies in a cabinet level that was close to the floor on her knees for five minutes. MRI of the left knee dated 08/16/11 revealed moderate knee joint effusion; question small tear of the posterior horn of the medial meniscus; mild fraying of the free edge of the lateral meniscus body; mild edema along the course of the MCL suggesting mild grade 1 MCL

sprain; small amount of prepatellar edema or fluid. Peer review dated 10/12/11 indicates that the mechanism of injury of kneeling down for a period of 5 minutes in all medical probability would not have caused physical damage or harm to the structure of the body. The findings of the MRI are not a result of kneeling down for a period of 5 minutes. The patient at most sustained a knee strain and at this point, there would be no further treatment that would be medically necessary or reasonable as related to the compensable event on xx/xx/xx. The patient underwent a course of physical therapy. Designated doctor evaluation dated 12/07/11 indicates that diagnosis is medial meniscus tear, lateral meniscus tear, medial collateral ligament sprain, grade I and left knee strain.

The patient was determined to have reached MMI as of 11/08/11 with 0% whole person impairment. Initial behavioral medicine consultation dated 12/12/11 indicates that BDI is 11 and BAI is 19. Diagnosis is pain disorder associated with both psychological factors and a general medical condition, acute, rule out anxiety disorder nos. Functional capacity evaluation dated 12/12/11 indicates that required PDL is medium and current PDL is sedentary. Assessment/evaluation dated 01/18/12 indicates that BDI is 8 and BAI is 9. Medication is Naproxen. Review dated 02/07/12 indicates that the diagnosis/extent of injury is bilateral knee strains.

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

The medical records show that this patient sustained bilateral knee strains. Peer review dated 10/12/11 indicates that the mechanism of injury of kneeling down for a period of 5 minutes in all medical probability would not have caused physical damage or harm to the structure of the body. The findings of the MRI are not a result of kneeling down for a period of 5 minutes. The patient at most sustained a knee strain and at this point, there would be no further treatment that would be medically necessary or reasonable as related to the compensable event on 08/01/11. The patient was determined to have reached MMI by a designated doctor as of 11/08/11 with 0% whole person impairment. Review dated 02/07/12 indicates that the diagnosis/extent of injury is bilateral knee strains. The patient presents with minimal psychological indicators, which do not appear severe enough to warrant this multidisciplinary program. There is no specific, defined return to work goal provided. Given the current clinical data, the reviewer finds the requested outpatient Work Hardening 80 hours is not medically necessary.

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

ACOEM-AMERICA 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 JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)