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Notice of Independent Review Decision

Date notice sent to all parties: 12/02/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Fourty (40) hours of work conditioning

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

Board Certified in Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Fourty (40) hours of work conditioning - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Injury/Follow-up Appointment Notices dated 08/27/12, 09/05/12, 10/01/12, 11/30/12, 01/03/13, 01/31/13, 02/28/13, 03/14/13, 04/15/13, 05/16/13, 06/17/13, 07/01/13, 10/01/13, and 11/07/13

Right knee MRI dated 09/14/12

Reports dated 09/19/12, 10/17/12, 10/22/12, 10/29/12, 11/07/12, 11/19/12, 01/02/13, 01/14/13, 03/04/13, 03/18/13, 04/10/13, 04/24/13, 05/08/13, 06/05/13,

06/19/13, 07/03/13, 07/17/13, 07/26/13, 08/07/13, 08/21/13, 09/04/13, 09/11/13, 09/25/13, 10/09/13, 10/23/13, and 11/06/13

Physical therapy referral dated 04/09/13

Designated Doctor Evaluation dated 06/13/13

DWC-69 form dated 06/13/13

Work conditioning notes dated 09/10/13, 09/13/13, 09/16/13, 09/18/13, 09/20/13, 09/23/13, 09/27/13, 09/30/13, 10/04/13, and 10/07/13

Request for FCE dated 09/25/13

Preauthorization requests for work conditioning dated 09/30/13 and 10/21/13

FCE dated 10/11/13

Adverse determination notices dated 10/18/13 and 11/07/13

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was evaluated on 08/27/12. He noted he went to check out and his right knee slid into a steel door. He hit his right knee and his right foot, including the big toe. He noted he had previous right knee arthroscopy two to three years prior. He had been feeling a lot of popping. He was referred to therapy and given a hinged knee brace. A right knee MRI dated 09/14/12 revealed a posterior horn medial meniscal tear with subtle inferior articular surface contact and MCL bursitis. Moderate lateral patellofemoral chondromalacia was also noted. On 09/19/12 documented right knee range of motion from 10 to 85 degrees with knee effusion. McMurray's was positive. Right knee arthroscopy was recommended at that time. On 10/17/12 noted the patient was following-up from this 10/16/12 surgery that consisted of right knee arthroscopy, excision of tears of the medial and lateral meniscus, and debridement of the patella. He was placed on work restrictions. On 10/29/12, the patient returned and had 10 sessions of therapy left. His sutures were removed and work restrictions were continued. noted on 01/02/13, therapy stated his flexion was 95 degrees and he had an extension lag of 6 degrees. He advised the patient he would no longer provide narcotics. He had an appointment for pain management on 01/22/13. Work restrictions were continued. On 01/14/13, advised the patient to be active in a home exercise program and to undergo the recommended manipulation under anesthesia (MUA). On 03/04/13, the patient still limped with ambulation. Flexion was 115 degrees and his extension lag was 10 degrees. On 04/24/13, noted wanted to proceed with another sympathetic nerve block and if it did not provide relief, a second MRI would be necessary. Work restrictions were continued. On 06/05/13, again noted had recommended another sympathetic block and it had been performed on 06/04/13. He had not yet noticed much difference. Therapy had advised that he needed an FCE and possible work conditioning. He was advised to be vigorous with his home exercises and it was noted another MRI would not be considered until the effectiveness of his nerve block had been determined. performed a Designated Doctor Evaluation on 06/13/13. The history and medical records were reviewed. He was noted to be five feet eleven inches tall and weigh 214 pounds. DTR's in the lower extremities were 2+ and sensory

examination revealed a dull supraventricular S1 dermatome on the right. Motor function of the lower extremities was +5/5. McMurray's was positive on the right with a mild effusion. The diagnoses of a right knee sprain/strain and torn medial and lateral menisci. It was felt the patient had reached MMI on 06/13/13 and he was assigned a 4% whole person impairment rating. On 07/03/13, the patient informed he had attended six sessions of work conditioning and had three left. He continued to be concerned with ongoing derangement in his knee and requested a repeat MRI. He had moderate swelling of the right knee and flexion was 127 degrees. again noted they would await the effectiveness of the nerve block and completion of his work conditioning prior to obtaining another MRI. stated on 08/07/13 the patient had another MRI on 07/24/13 that showed the previous surgery, but no re-tear. Chondromalacia was noted in all three compartments. He was eager to pursue Synvisc injections, which were requested. An FCE and possible additional work conditioning was recommended. On 09/04/13, noted the patient had been approved for Synvisc injections, which one was performed that day. He was asked to return in one week for another. The patient attended work conditioning from 09/10/13 through 10/07/13 for a total of 10 sessions. On 09/25/13, the patient had completed the series of Synvisc injections. His MRI showed he was developing posttraumatic arthritis in his knee and it was felt there would not be any indication for further surgery at that point. An FCE and continued work conditioning were recommended. On 10/09/13, the patient reported he was better by 80% following the injection. discussed with the patient that he would at some point require a total knee replacement. Work conditioning and an FCE were again recommended. The patient underwent the FCE on 10/11/13. He was functioning in the medium physical demand level and it was recommended he complete the work conditioning program. It was felt his FCE was valid. On 09/30/13, Associates requested 40 hours of work conditioning, which Specialty Services provided an adverse determination for on 10/18/13. On 10/23/13 noted the FCE indicated the patient needed additional work conditioning, which the patient agreed with. He was released to full duty at that time. On 11/06/13 noted they had filed an appeal for the work conditioning and had a 30 day waiting period. He had moderate swelling of the right knee and flexion was 125 degrees. He did not limp. He was again advised about possible knee replacement in the future. He was advised to continue work conditioning if it was approved. Full duty status was continued. On 11/07/13, Specialty Services provided another adverse determination for the requested 40 hours of work conditioning.

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

The patient is a male who is reported to have sustained a work related injury on xx/xx/xx. The described mechanism of injury was sliding into a steel door and striking his right knee when he slipped on water. Pertinent past medical history was significant for a prior right knee arthroscopic procedure. The patient eventually underwent, on 10/16/12, a right knee arthroscopy with partial medial and lateral meniscectomies and debridement of patellar chondromalacia. He is

now over 13 months status post surgery and has undergone MUA, at least two sympathetic blockades, a series of three Synvisc injections, and pain management according to the documentation reviewed. In addition, he has already completed over 50 hours of a work conditioning program. The evidence based Official Disability Guidelines (ODG) would have expected the patient to be at MMI within three to four months. He has had a protracted course for unclear reasons. placed the patient at MMI on 06/13/13 during a Designated Doctor Examination. The request for work conditioning was denied on initial review His denial was upheld on reconsideration-appeal. Both reviewers attempted peer-to-peer contact without success and cited the criteria of the ODG for their opinions. It was noted on 09/27/13 that the patient had resumed normal work duties and all activities of daily living. His range of motion on 09/25/13 noted active range of motion of -5 degrees to 125 degrees. This is in contrast to the range of motion reported on the FCE performed on 10/11/13 at which time it was noted the right knee range of motion was 72 degrees and 84 degrees on the uninvolved left side. This would suggest that there were non-physical factors (psychosocial, workplace, socioeconomic) which have not been addressed. The ODG for work conditioning notes that work conditioning amounts to an additional series of intensive physical therapy visits required beyond the normal course of physical therapy primarily for exercise training and supervision (and would be contraindicated if there are already significant psychosocial, drugs, or attitudinal barriers to recovery not addressed by these programs. (See Physical Therapy for general therapy guidelines.) Work conditioning visits will typically be more intensive than regular physical therapy visits, lasting two or three times as long. And as with all physical therapy programs, work conditioning participation does not preclude concurrently being at work. The typical timeline is 10 visits over four weeks equivalent up to 30 hours. The medical documentation reviewed does not support the need for an additional 40 hours of work conditioning based on the patient's physical deficits or functional capabilities. Therefore, the request for 40 hours of work conditioning is not medically necessary, reasonable, or supported by the evidence based ODG at this time and the previous adverse determinations should be upheld at this time.

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
- 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)

Medical Disability Adviser (MDA)