October 7, 2002

Texas Workers' Compensation Commission
Medical Dispute Resolution
4000 South IH-35, MS 48
Austin, TX 78704-7491

REVISED CORRESPONDENCE AND MEDICAL REPORT

Attention: Rosalinda Lopez

Re: Medical Dispute Resolution
MDR #: M5-02-2132-01
IRO Certificate No.: IRO 5055

Dear Ms. Lopez:

The following Medical Case Review is to correct the review dated 09/27/02, submitted 10/01/02. The original review incorrectly stated the date of injury in this case as ___. The following report accurately reports the date of injury as ___.

The independent review was performed by a matched peer with the treating health care provider. A Doctor of Chiropractic Medicine reviewed this case.

The reviewer PARTIALLY AGREES with the determination of the insurance carrier in this case. The reviewer is of the opinion that Work Hardening program from 10/02/01 through 10/26/01, and the Functional Capacity Evaluation on 10/25/01 were NOT MEDICALLY NECESSARY. However, the Functional Capacity Evaluation on 10/04/01 WAS MEDICALLY NECESSARY.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,

MEDICAL CASE REVIEW

This is for ___. I have reviewed the medical information forwarded to me concerning MDR #M5-02-2132-01, in the area of Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. TWCC-60, detailing the scope of the medical dispute.
2. Explanation of review from 10/02/01-10/26/10.
3. Work hardening case management summary, week of 10/12/01 and week of 10/05/01.
4. Functional Capacity Evaluation: 10/25/01 and 10/04/01.
5. ___, psychology group note, 10/08/01.

B. BRIEF CLINICAL HISTORY:

The patient was employed as a waitress by the ___ at the time of her injury. On ___, the patient states she slipped on the wet floor by the drain at work. The patient states her left knee bent under her, and as she was falling she caught herself on the counter with her right arm and felt a pulling in the right shoulder.

The patient was enrolled in a work hardening program from 10/02/01 through 10/26/01. The patient had a Functional Capacity Evaluation performed on 10/04/01 and on 10/25/01.

C. DISPUTED SERVICES:

The carrier disputes the medical necessity of the following services:

Work hardening, 10/02/01, 10/04/01, 10/05/01, 10/08/01, 10/09/01, 10/10/01, 10/11/01, 10/12/01, 10/15/01, 10/16/01, 10/18/01, 10/19/01, 10/22/01, 10/23/01, 10/24/01, 10/25/01, 10/26/01.
Functional Capacity Evaluations: 10/04/01 and 10/25/01.

D. DECISION:

I PARTIALLY AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

I agree that the medical necessity has not been established for the work hardening services that took place between 10/02/01- 10/26/01.

I also agree that medical necessity has not been established to warrant the Functional Capacity Evaluation that occurred on 10/25/01.

However, there is a medical necessity basis for the Functional Capacity Evaluation that took place on 10/04/01, and the carrier's decision to deny payment for this service is not correct.

E. RATIONALE OR BASIS FOR DECISION:

The work hardening therapy and the 10/25/01 FCE rendered in this case are not appropriate. According to the Explanation of Review, the patient has a sprain of unspecified site in the knee and leg. In the treatment notes, the patient has been noted as having a left knee meniscal tear. A strain/sprain diagnosis resolves in 6-8 weeks, according to the *Texas Lower Extremity Treatment Guidelines*. In addition, a strain/sprain diagnosis does not allow a patient to be enrolled into a return-to-work focus therapy such as work hardening. Work hardening is a multi-discipinary program that is administered to address functional deficits that prevent an employee from returning to his/her occupational field.

In this case, there is not documentation of a more involved injury to the left knee than what is on the Explanation of Review. No imaging or other medical opinion has been rendered on the seriousness of the left knee injury or shoulder strain. Work hardening therapy was initiated prior to the gathering of proper baseline data that is customary among rehabilitation professionals. Failure to gather true baseline functional data does not allow a practitioner the ability to accurately judge whether a therapy is of benefit to the patient.

According to the 10/04/01 Functional Capacity Evaluation, the patient was functioning at a physical demand category that would enable her to return successfully to the workplace. No functional deficits were apparent. Thus, a work hardening recommendation was not appropriate to treat this patient's condition. It is at this point that the patient should have been returned to the workforce.

According to the *Clinical Guideline on Knee Pain* by the American Academy of Orthopedic Surgeons in 1996: "Not more than twelve (12) weeks should pass before re-evaluation of condition along with referral to a musculoskeletal specialist." Exercise and a structured physical therapy program are extremely appropriate within the first 12 weeks of treatment, not 5 months post injury.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then

additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

I certify that I have no past or present relationship with the patient and no significant past or present relationship with the attending physician. I further certify that there is no professional, familial, financial, or other affiliation, relationship, or interest with the developer or manufacturer of the principal drug, device, procedure, or other treatment being recommended for the patient whose treatment is the subject of this review. Any affiliation that I may have with this insurance carrier, or as a participating provider in this insurance carrier's network, at no time constitutes more than 10% of my gross annual income.

Date: 4 October 2002