

IRI

September 11, 2003

Re: Medical Dispute Resolution
MDR #: M5-03-2786-01
TWCC#:
IRO Certificate No.: IRO 5055

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, **IRI** reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Physical Medicine and Rehabilitation.

Clinical History:

This male claimant twisted his leg and his back in a work-related accident on _____, resulting in severe back pain and knee pain from that time on. His various diagnoses have been lumbar strain with radiculitis, myofascial pain, knee internal derangement, and knee strain. This was noted on the first visit. An MRI of the low back showed annular tears at L5-S1. A CT scan and CT myelogram of the low back showed essentially a normal study. The radiologist is clear in his description that there is no neuroforaminal or other involvement in that set of films.

He had an arthroscopy and extensive debridement of the left knee, and was noted to have a Grade 3 meniscal tear.

It is also noted that he had femoral nerve involvement. An electrodiagnostician's report states that the patient had tarsal tunnel syndrome on the left and a suggestion of an L5-S1 on the right. At the time of his initial visit, the patient was started immediately on physical therapy (02/01/02). His therapy continues until his last visit that is charted as 04/30/03.

According to the physical therapy notes beginning on 02/01/02, and continuing through 04/30/03, the patient never improved either in the knee or the back. The last note on 04/30/03 states that the knee still has crepitus. There is still swelling in the left knee, moderately severe, and the knee is giving out and no different than the last visit. The same is noted about the back.

Disputed Services:

Physical medicine services during the period of 09/13/02 through 04/09/03.

Decision:

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the services in question were not medically necessary in this case.

Rationale:

The medical record speaks for itself in this case. There was no change and no improvement in the patient during the entire time he received physical therapy. The therapist documented very clearly that the patient was having no relief whatsoever from any of the therapies.

No therapy was indicated following the first six weeks of physical therapy. By 09/13/02 it was evident that the patient was not benefiting from any of the therapy, giving no indication to continue.

and I certify that the reviewing healthcare professional 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,