

IRO AMERICA - ZIROC

February 2, 2004

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-04-0661-01  
TWCC#:  
Injured Employee:  
DOI:  
IRO Certificate No.: IRO 5055

**REVISED REPORT**  
**Corrected TWCC#**  
**Revision in Disputed Services**  
**Reviewer's addendum following review of additional**  
**records received after original opinion was rendered.**

Dear Ms. Lopez:

IRO AMERICA has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, 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 certified in Chiropractic Medicine.

**Information Provided for Review:**

Prior reviews.  
Chiropractic office notes.  
Orthopedic office notes.

**Clinical History:** The claimant is a 36-year-old male who injured his chest and left knee on his job on 04/\_\_\_/02. On 04/12/02, the patient was diagnosed with an anterior chest wall contusion, left knee contusion, and left leg contusion. The patient's alleged left trapezius strain was assessed on 04/17/02. MR imaging of the left knee was recommended and maximum medical improvement was anticipated on 06/07/02.

Physical therapy was initiated on 04/19/02; a 6-12 visit program was recommended. The patient attended 7 sessions from 04/19/02 through 05/01/02. MR imaging of the left knee performed on 05/10/02 revealed healed bony contusion and abnormal appearance of the left ACL (thickening) indicating the possible presence of a strain. MR imaging of the lumbar spine on 06/05/02 revealed partial disc desiccation, 1-2 mm central disc

bulges, and mild facet arthropathy at L4/5 and L5/S1; no compression/distortion to the thecal sac or nerve roots was noted.

Chiropractic care was initiated on 07/01/02. Treatment included myofascial release to the lumbar spine and left knee. Designated doctor examination on 08/08/02 found that the claimant was not at MMI. Partial medial and lateral arthroscopic meniscectomies were performed on 08/30/02. Thirty sessions of postoperative rehabilitation occurred from 09/11/02 through 07/12/03. In a MMI determination on 06/26/03, the patient was placed at MMI with a 4% whole person impairment of function.

**Disputed Services:** Therapeutic exercises, electrical stimulation, hot/cold pack therapy, and myofascial release during the period of 04/04/03 through 05/12/03 (excluding 04/24/03, 04/30/03 & 05/05/03).

**Decision:** The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatments and services in dispute as stated above were not medically necessary in this case.

**Rationale:** No medical records have been provided to warrant the application of continued passive therapeutics like therapeutic exercises, electrical stimulation, hot/cold pack therapy and myofascial exercises in the treatment of this patient's medical condition. The rationale with the provider for the continued implementation of these passive therapeutics is not clear. Typically, rehabilitation programs are designed to get more and more active as the patient is transitioned through his continuum of care. Review of the enclosed medical records does not provide a rehabilitation treatment plan that is appropriate for the ICD-9 codes used to describe this claimant's injury.

In most cases of arthroscopic surgery to the knee, an 8-12 week trial of physical therapy applications is sufficient. At the end of the applied therapeutics, a functional capacity evaluation (FCE) is typically administered to determine if the claimant needs to progress to upper level therapeutics or return to industry. There is no medical evidence submitted to support the rehabilitation treatment plan activated by the provider.

In addition, the reviewed medical documentation lacks qualitative/quantitative data that could be utilized to make an accurate determination of the efficacy of the provider's applied therapeutics.

The inclusion of the left trapezius and the lumbar spine is questionable given the lack of a truly inclusive mechanism of injury provided to substantiate the symptomatology expressed by the patient and reported by the provider.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer review references.

- *Criteria for Knee Surgery.* Washington State Department of Labor and Industries; 1999 Jun.1 p.
- Jette VU, et. al. *A Qualitative Study of Clinical Decision Making in Recommending Discharge Placement for the Acute Care Setting.* Phys Ther, 2003 Mar; 83 (3):224-36.
- *Knee Pain or Swelling: Acute or Chronic.* University of Michigan Health Systems; 2002 Aug. 13 p.

- Yomans DC, SG *Applying Outcomes Management into Clinical Practice*. J. Neuromusculoskeletal system. Summer 1997; 5(2): 1-14.

I am \_\_\_\_\_ 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,

**Reviewer's Addendum**  
**Dictated 01/19/04**

The original decision rendered is not influenced by the provider's submittal of additional medical records that included a number of duplications of originally forwarded data and treatment notes, including many dates of service that were not in dispute. No sound therapeutic rationale was provided for the continued implementation of passive/active applications. The patient had a partial medial and lateral arthroscopic meniscectomies performed on 08/30/02, with no other record of surgical interventions. A typical post-surgical rehabilitation is 8-12 weeks in length. Rationale of the provider remain unclear regarding the application of continued passive/active uni-disciplinary therapeutic applications beyond this standard rehabilitation program duration.