



CompPartners Final Report



CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0304-01
Social Security #: _____
Treating Provider: Patrick R.E. Davis, D.C.
Review: Chart
State: TX

Review Data:

- Notification of IRO Assignment dated 11/19/05, 1 page.
- Receipt of Request dated 11/10/05, 1 page.
- Medical Dispute Resolution Request dated 10/27/05, 2 pages.
- Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Forms, 1 page.
- Table of Disputed Services, 1 page.
- Medical Service Denial Letters dated 10/17/05, 10/24/05, 4 pages.
- Time-Sensitive Preauthorization Medical Dispute Response and Checklist dated 11/3/05, 2 pages.
- Review Determination Denial Letters dated 10/24/05, 10/17/05, 4 pages.
- Fax Cover Letter dated 10/13/05, 1 page.
- Progress Notes dated 10/13/05, 10/6/05, 9/21/05, 8/15/05, 7/18/05, 7/11/05, 6/8/05, 5/2/05, 11 pages.
- Functional Capacity Evaluation Report dated 10/11/05, 13 pages.
- Functional Capacity Evaluation Summary dated 10/11/05, 14 pages.
- SOAP Notes dated 8/15/05, 7/13/05, 6/3/05, and 5/4/05.
- Operative Report dated 7/5/05, 8/5/04, 4 pages.
- Consultation Report dated 4/13/05.
- Worker's Compensation Initial Examination Report dated 3/29/05.

Reason for Assignment by TDI/DWC: Determine the medical necessity for appeal of the previously denied 30 sessions of work conditioning.

Determination: PARTIAL – two weeks/10 sessions of work conditioning as a clinical trial.

Rationale:

Patient's age: 48 years
Gender: Male

CORPORATE OFFICE
18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995
E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426

Date of injury: ____

Mechanism of injury: Stepped off a forklift onto a roll of tape causing his right knee to buckle.

Diagnoses: Internal derangement right knee, status post right knee arthroscopy.

The claimant is employed as a material handler for Pier 1. The claimant sustained an injury to his right knee. Following a failure of conservative treatment to bring about a resolution, the claimant underwent right knee arthroscopy consisting of partial lateral meniscectomy and debridement of the medial femoral condyle and trochlea. The surgery was performed by Dr. Drkulec. This was followed by a course of post surgical rehabilitation under the direction of Dr. Davis. On 3/29/2005, the claimant underwent an orthopedic consultation with Dr. Weldon. His recommendation was to continue therapy at the direction of Dr. Davis and a repeat right knee MRI. The claimant then came under the treatment of a different orthopedist, Dr. Wey on 4/13/2005. At that time, the claimant continued to complain of right knee pain. The claimant noted that the knee occasionally "locks on him and then it will pop."

On 4/21/2005, a repeat right knee MRI was performed. A recommendation for an intra-articular cortisone injection was submitted. According to the 6/8/2005 orthopedic report from Dr. Wey, the cortisone injection "only brought him temporary relief." The orthopedist recommended additional right knee arthroscopy consisting of partial medial meniscectomy and chondroplasty. On 7/5/2005, the claimant underwent arthroscopic surgery. On 7/18/2005, the claimant was cleared by Dr. Wey to begin a course of post operative therapy. The claimant returned to the office of Dr. Davis where physical therapy treatment, at approximately three times per week, began. The 8/15/2005 orthopedic report indicated the claimant's pain was improving but he continued to have swelling. On 10/11/2005, the claimant underwent a functional capacity evaluation. This evaluation revealed the claimant was functioning at the "upper sector of light physical demand level." The claimant's job required physical demand level was that of medium-heavy. A recommendation for 30 sessions of work conditioning was submitted. This was denied by peer review on 10/17/2005. The rationale for denial was based on ACOEM Guidelines, Chapter 13 indicating that a return to modified-duty work would be appropriate. Dr. Davis appealed this denial. On 10/24/2004, the requested 30 sessions of work conditioning was again denied by peer review. The rationale for denial was that the functional capacity evaluation indicated that the claimant was able to function as his job required physical demand level of medium-heavy. The provider requested a Medical Dispute Resolution to address his request for work conditioning.

Based on the review of the submitted documentation, this reviewer recommends certification of 2 weeks of work conditioning as an initial clinical trial to determine if the treatments would be efficacious. The 10/17/2005 Peer Review denial was based on the rationale that the claimant should be allowed to return to work on modified duty basis. If modified duty work was available, the reviewer is correct. However, a review of the functional capacity evaluation, page 2 of 13, indicated that "the employer will not accommodate restricted work duties and functions." The claimant cannot return to work on modified duty basis because there is no modified duty work available. Therefore, this rationale for denial was not appropriate. On 10/24/2005, the requested

CORPORATE OFFICE

18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612

TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995

E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426

30 sessions of work conditioning were denied on appeal. The rationale was that the claimant was able to function at a medium-heavy physical demand capacity as noted on the 10/11/2005 Functional Capacity Evaluation. This reviewer has reviewed the Functional Capacity Evaluation and disagree with the conclusions arrived at by the Peer Reviewer. The Functional Capacity Evaluation revealed dynamic lifting abilities of sedentary-light to light. The Functional Capacity Evaluation did not reflect that the claimant was able to function at a medium-heavy physical demand level. When taken in totality, there were other factors such as cardiovascular testing, in addition to body mechanics that revealed the claimant had functional deficits. The Dynamic Lift and Task Lift Test noted considerable deficits and indicated that the claimant was only able to function at a light-light/medium level. This claimant has exhausted his lower levels of treatment and is ready to return to work. The Functional Capacity Evaluation revealed that the claimant had functional deficits that would be amenable to a return to work program. It was also noted that the claimant did not have modified duty work to return to. Therefore, the claimant must be brought to his job required physical demand level prior to returning to work. Two weeks/10 sessions of work conditioning can be considered an appropriate clinical trial to determine if the claimant would benefit from this treatment. Should the claimant benefit from this treatment, and yet continue to have functional deficits, additional sessions of work conditioning can be addressed at that time.

Criteria/Guidelines utilized: TWCC rules and regulations.
ACOEM Guidelines, 2nd Edition, Chapters 6 and 13.

Texas Medical Fee Guidelines.

Physical Medicine and Rehabilitation by Braddom, 2nd Edition, Chapter 45.

Physician Reviewers Specialty: Chiropractic

Physician Reviewers Qualifications: Texas licensed DC, and is also currently listed on the TWCC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

Your Right to Appeal

CORPORATE OFFICE
18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995
E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.

CORPORATE OFFICE

18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
TELEPHONE: (949) 253-3116 FACSIMILE: (949) 253-8995
E-MAIL: prn@CompPartners.com TOLL FREE 1-877-968-7426