CompPartners Final Report

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

Claimant Name: ___
Texas IRO # : ___
MDR #: M2-06-0879-01
Social Security #: ___
Treating Provider: Ray Strong, D.C.
Review: Chart
State: TX
Date Completed: 4/10/06

Review Data:

- **Notification of IRO Assignment dated 3/13/06, 1 page.**
- **Receipt of Request dated 3/13/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 3/8/06, 2/21/06, 2 pages.**
- **List of Treating Providers (date unspecified), 2 pages.**
- **Requests dated 2/3/06, 1/6/06, 2 pages.**
- **Letter of Receival dated 3/14/06, 1 page.**
- **Office Visit dated 8/2/05, 1 page.**
- **Letter of Medical Necessity dated 7/5/05, 2 pages.**
- **Orthopedic Visit dated 7/5/05, 2 pages.**
- **Prescription dated 7/4/05, 6/30/05, 2 pages.**
- **Left Knee MRI (date unspecified), 1 page.**
- **Fax Cover Sheet dated 6/30/05, 1 page.**
- **Patient Profile (date unspecified), 1 page.**
- **Texas Workers' Compensation Work Status Report dated 6/27/05, 1 page.**
- **Initial Evaluation dated 6/27/05, 3 pages.**
- **Employer's Request to Change Treating Doctors dated 6/27/05, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for a repeat MRI of the left knee.

Determination: UPHELD - Denial of a repeat MRI of the left knee.

Rationale:

Patient's age: 25 years
Gender: Female
Date of Injury: ___
Mechanism of Injury: While walking out of a school building, she fell directly onto both her knees.

Diagnoses: Left knee pain; left knee meniscus tear; status post left knee arthroscopy on 9/8/05.

The patient was initially treated by Dr. Lance and underwent X-rays and was given medications. She then underwent an MRI of the left knee on 5/21/05, which revealed a tear of the lateral meniscus involving the articular surface of the femur. Subsequently, she was seen by Dr. Lash and a left knee arthroscopy was recommended. She was also being treated by a chiropractic provider, Ray Strong, D.C.. A 7/5/05 report from an orthopedic specialist, Jorge Tjimes, M.D., indicated that this patient was an arthroscopic candidate for her left knee. X-rays on that date revealed good intra-articular space in the medial and lateral compartments, with no fractures or osteoarthritis noted. The report from Dr. Tjimes indicated that he was referring the patient back to Dr. Lash for the actual surgery, which was approved by the insurance carrier. She was then referred to Oliver Achleitner, M.D., who performed the actual arthroscopic surgery on 9/8/05 with partial lateral meniscectomy. She was released to start post-operative rehabilitation with her chiropractor, Ray E. Strong, D.C., on 9/18/05, with a prescription for range of motion, pain relief and strengthening program. There was no evidence of re-injury to the left knee after the 5/21/05 MRI of the left knee. There was no evidence of re-injury post-operatively on 9/8/05 . There were no current clinical findings provided to indicate that a medical necessity exists to repeat the left knee MRI study. Therefore, with reference to the TDI Rules and Regulations and the ACOEM Guidelines, Chapter 13, the previously denied request for a repeat MRI of the left knee will be upheld.

Criteria/Guidelines utilized: ACOEM Guidelines, 2nd Edition, Chapter 13.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed M.D., and is also currently listed on the TDI/DWC 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

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.

American College of Occupational and Environmental Medicine (ACOEM) Occupational Medical Practice Guidelines, Second Edition.
Chapter 13, Pg. 341-343

Special Studies and Diagnostic and Treatment Considerations

Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation. The position of the American College of Radiology (ACR) in its most recent appropriateness criteria list the following clinical parameters as predicting absence of significant fracture and may be used to support the decision not to obtain a radiograph following knee trauma:

• Patient is able to walk without a limp
• Patient had a twisting injury and there is no effusion

The clinical parameters for ordering knee radiographs following trauma in this population are:

• Joint effusion within 24 hours of direct blow or fall
• Palpable tenderness over fibular head or patella
• Inability to walk (four steps) or bear weight immediately or within a week of the trauma
• Inability to flex knee to 90 degrees

Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture.

Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms. Even so, remember that while experienced examiners usually can diagnose an ACL tear in the nonacute stage based on history and physical examination, these injuries are commonly missed or overdiagnosed by inexperienced examiners, making MRIs valuable in such cases. Also note that MRIs are superior to arthrography for both diagnosis and safety reasons. Table 13-5 provides a general comparison of the abilities of different techniques to identify physiologic insult and define anatomic defects.