



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0898-01
Social Security #: _____
Treating Provider: Jason Eaves, DC
Review: Chart
State: TX
Date Completed: 4/14/06

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 2/24/06, 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **Case Review dated 2/2/06, 1/24/06, 4 pages.**
- **Cover Sheet dated 3/26/06, 1 page.**
- **Carrier Statement dated 3/26/06, 3 pages.**
- **Medical Dispute Resolution for Physical Therapy dated 2/20/06, 2 pages.**
- **Pre-authorization Request dated 1/31/06, 1 page.**
- **Reconsideration dated 1/28/06, 2 pages.**
- **Report of Medical Evaluation dated 1/17/06, 12/9/05, 2 pages.**
- **Impairment Rating dated 1/17/06, 2 pages.**
- **Designated Doctor Appointment dated 12/9/05, 2 pages.**
- **Lower Extremity Evaluation dated 11/16/05, 9/28/05, 8/31/05, 7/21/05, 6/27/05, 5 pages.**
- **Texas Workers' Compensation Work Status Report dated 11/16/05, 6/27/05, 2 pages.**
- **Examination dated 7/21/05, 1 page.**
- **Referral Sheet dated 9/28/05, 1 page.**
- **Operative Report dated 7/14/05, 7/6/04, 3 pages.**
- **Left Knee MRI dated 5/26/05, 6/8/04, 2 pages.**
- **Patient Demographics (date unspecified), 1 page.**
- **Physical Performance Evaluation dated 1/5/06, 2 pages.**
- **Functional Capacity Evaluation dated 1/5/06, 5 pages.**
- **Subsequent Evaluation dated 1/2/06, 11/2/05, 9/27/05, 8/12/05, 8 pages.**
- **Record Review dated 12/9/05, 5 pages.**
- **SOAP Note dated 1/2/06, 1 page.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for physical therapy, three times a week for six weeks, for a total of 18 sessions to include: therapeutic exercises (97110) 4 units, joint mobilization (97140), myofascial release (97140), interferential (97032), and ultrasound (97035).

Determination: UPHELD - previously denied request for physical therapy, three times a week for six weeks, for a total of 18 sessions to include: therapeutic exercises (97110) 4 units, joint mobilization (97140), myofascial release (97140), interferential (97032), and ultrasound (97035).

Rationale:

Patient's age: 38 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: Stepped on a piece of concrete and felt a pop in his left knee.

Diagnosis: Internal derangement of the left knee.

The claimant is a 38-year-old male who was involved in a work injury on _____. According to a physical performance evaluation report dated 1/5/06, the injury was described as "the claimant was picking up cement pieces. A co-worker was using a cement cutter, and Mr. _____ was following him and picking up the pieces of cement. He stepped on a piece of cement and felt pain and an audible pop in his left knee." The evaluation further stated that the claimant was taken by his supervisor to Texas Medical Clinic. The type and nature of treatment rendered this claimant at Texas Medical Clinic was not submitted for review. On 6/8/2004, an MRI of the left knee was performed, which revealed changes consistent with lateral meniscus tear, mid-zone and posterior horn. On 7/6/2004, the claimant underwent arthroscopic partial lateral meniscectomy of the left knee. This was followed by a course of post surgical rehabilitation. According to the designated doctor appointment dated 12/9/05, on 3/18/05, the claimant underwent a designated doctor evaluation with Dr. Wilhoite. It was determined that the claimant had not yet achieved maximum medical improvement, and that additional diagnostic testing and possibly surgery was appropriate. Due to continued complaints, on 5/26/05 a repeat left knee MRI was performed. This scan revealed a horizontal tear of the lateral meniscus. On 7/14/05, the claimant underwent arthroscopic removal of plica. According to the medical dispute resolution letter dated 2/20/06 from San Antonio Spine and Rehab, the claimant has received 29 post operative physical therapy treatments and a total of 96 sessions of physical therapy. A request for work hardening on 9/9/2005 was denied on the basis that the patient had had an adequate program of therapy to have been instructed in home strengthening exercises. The therapy request being reviewed was submitted after an evaluation by Dr. Wilhoite on 12/9/05 reported range of motion of the knee at 0 to 115 degrees. That request was denied on the basis that the injured worker was at Maximum Medical Improvement and seven months post-op from the most recent surgery. A second request was also denied on the basis that further physical therapy was unlikely to affect the outcome. This reviewer agrees with that assessment.

Criteria/Guidelines utilized: ACOEM Guidelines, 2nd Edition, Chapters 6 and 13.
Official Disability Guidelines, 11th Edition, 2006.

Physician Reviewers Specialty: Chiropractor

Physician Reviewers Qualifications: Texas Licensed D.C. 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.