



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0932-01
Social Security #: _____
Treating Provider: Dean McMillan, MD
Review: Chart
State: TX
Date Completed: 4/10/06

Review Data:

- **Notification of IRO Assignment dated 3/15/06, 1 page.**
- **Receipt of Request dated 3/15/06, 1 page.**
- **Medical Dispute Resolution Request/ Response dated 2/28/06, 1 page.**
- **List of Treating Providers (date unspecified), 3 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **Texas Outpatient Reconsideration Non-authorization Recommendation dated 3/9/06, 2/8/06, 1/24/06, 10 pages.**
- **Orthopedic Report dated 2/27/06, 11/28/05, 8/19/05, 7/18/05, 6/27/05, 11 pages.**
- **Non-Certification Letter dated 2/21/06, 2/8/06, 4 pages.**
- **Partial Certification dated 12/20/05, 2 pages.**
- **Left Knee X-ray prescription dated 6/27/05, 1 page.**
- **Right Knee X-ray prescription dated 6/27/05, 1 page.**
- **Range of Motion Examination dated 6/27/05, 3 pages.**
- **Left Knee MRI dated 4/27/05, 2 pages.**
- **Right Knee MRI dated 4/27/05, 2 pages.**
- **Operative Report dated 8/11/05, 3 pages.**
- **Subsequent Medical Report dated 5/17/05, 2 pages.**
- **Physical Therapy Progress Note dated 5/3/05, 2 pages.**
- **Examination dated 4/27/05, 12/8/04, 9/21/04, 3 pages.**
- **Report of Medical Evaluation dated 4/20/05, 1 page.**
- **Designated Doctor Evaluation dated 4/20/05, 5 pages.**
- **Post-operative Visit During Global Period dated 2/7/05, 1/10/05, 8/16/04, 3 pages.**
- **Initial Medical Report dated 6/3/04, 3 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for 12 sessions of therapy (97110, 97140-97112).

Determination: **UPHELD** - 12 sessions of therapy (97110, 97140-97112).

Rationale:

Patient's age: 43 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: Slipped and fell, injuring both knees.

Diagnoses: Right and left knee pain.

Right knee arthroscopy on 08/11/05, with lateral retinacular release and removal of loose bodies.

The claimant is a 43 year old male injured on ____, when he slipped and fell and reported a bilateral knee injury. A right knee MRI of 05/20/04 showed a tear of the posterior horn of the medial meniscus and a partial tear of the medial collateral ligament (MCL) and medial retinaculum. An MRI of the left knee, dated 06/07/04, showed disuse chondromalacia of the patella and a tear of the posterior horn of the medial meniscus. A left knee arthroscopy was apparently performed on 01/17/05, according to Dr. Jarolimek. Postoperative therapy was initiated. A Designated Doctor Examination by Dr. Lane, noted that the claimant would be at Maximum Medical Improvement (MMI) by June 2005. By 04/27/05, the claimant continued to report pain and popping of both knees. A 04/27/05 MRI of the right knee, showed an oblique tear of the medial meniscus, moderate effusion, and no osteochondral defect or loose body. There was no abnormality on X-ray. On the 04/27/05 MRI of the left knee, a small effusion was present as well as a tear of the posterior medial meniscus. There was no abnormality on X-ray. The claimant appeared to remain in therapy. Referral was made to Dr. Berliner for orthopedic treatment. The examination findings were consistent with a medial meniscus tear with the right knee more symptomatic. On 08/11/05, the claimant was taken to the operating room for a right knee arthroscopy, excision of loose body, lateral release, meniscal shaving and chondroplasty. Postoperative therapy was initiated. By 11/28/05, Dr. Berliner noted that the claimant reported sporadic locking, but was overall doing well. Right knee motion was reported as full. Therapy was continued for an aggressive quadriceps strengthening program. Twelve visits of therapy were certified on 12/20/05, and six sessions on 01/24/06. On 02/08/06, another request for therapy was denied, noting that the claimant had attended eighteen weeks of therapy in the postoperative period. Reconsideration request for twelve therapy visits was denied on reconsideration 02/21/06. That report noted that the claimant had deficits on stairs, flexion strength and walking, but felt a home exercise program would be indicated. On 02/27/06, Dr. Berliner examined the claimant. The right knee was improved with full motion and no quadriceps atrophy. The left knee remained painful and plans were made for surgical intervention. Non-certification of the previously denied twelve sessions of therapy was made on 03/09/06. This reviewer cannot recommend the additional twelve visits of post-operative physical therapy visits as being medically necessary. The claimant has already had eighteen visits of post-operative physical therapy and should be on a home exercise program. He should be well versed on the appropriate exercises for a home exercise program. There is no evidence that the additional physical therapy in question hereunder would lead to any significant further improvement relative to a fully-independent home exercise program.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.
The ACOEM Guidelines do not apply.

Physician Reviewers Specialty: Orthopedic Surgeon

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

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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.