



## CompPartners Final Report



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

**Claimant Name:** \_\_\_\_\_  
**Texas IRO #:** \_\_\_\_\_  
**MDR #:** M2-06-1319-01  
**Social Security #:** \_\_\_\_\_  
**Treating Provider:** Dean McMillan, MD  
**Date Completed:** 6/8/06

### **Review Data:**

- **Notification of IRO Assignment dated 5/11/06, 1 page.**
- **Receipt of Request dated 5/11/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 5/1/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 1 page.**
- **Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters (date unspecified), 2 pages.**
- **Dispute Letter dated 5/18/06, 5/10/06, 2 pages.**
- **Response to the IRO Assignment and Request for Medical Records dated 5/17/06, 8 pages.**
- **Fax Cover Sheet dated 5/17/06, 1 page.**
- **Texas Workers' Compensation Work Status Report dated 5/1/06, 1/19/06, 2 pages.**
- **Pre-Authorization Determination dated 4/21/06, 4/5/06, 2 pages.**
- **Case Review dated 4/20/06, 5 pages.**
- **Orthopedic Visit dated 4/13/06, 2 pages.**
- **Prescription (date unspecified), 1 page.**
- **Re-Evaluation Narrative dated 3/27/06, 2/13/06, 15 pages.**
- **Second Functional Capacity Evaluation dated 3/15/06, 11 pages.**
- **Report of Medical Evaluation dated 1 page.**
- **Left Knee MRI dated 1/18/06, 1 page.**
- **Initial Evaluation Narrative dated 1/19/06, 5 pages.**

**Reason for Assignment by TDI/DWC:** Determine the appropriateness of the previously denied request for physical therapy, three times a week for four weeks (97123-2 units; 97032-1unit; 97110-4 units).

**Determination: UPHELD** - the previously denied request for physical therapy, three times a week for four weeks (97123-2 units; 97032-1unit; 97110-4 units).

### **Rationale:**

**Patient's age:** 34 years  
**Gender:** Male  
**Date of Injury:** \_\_\_\_\_

**Mechanism of Injury:** Foot slipped off a step and left knee buckled.

**Diagnoses:** Left knee sprain/strain of anterior cruciate ligament.  
Left knee joint effusion.

This 34-year-old firefighter injured his left knee on \_\_\_\_\_. He was evaluated on 01/19/06 by Dr. Strong, chiropractor. He had moderate pain and tenderness on palpation of the medial and lateral joint lines. McMurray's sign was present, and knee range of motion was 0-105 degrees. X-ray of the left knee was within normal limits. An MRI of the left knee was done on 01/19/06 and demonstrated joint effusion and abnormal signal within the anterior cruciate ligament indicative of high grade strain. The claimant was placed off work and underwent six visits of massage, interferential therapy and passive motion. On 02/13/06, Dr. Strong documented moderate pain and tenderness in the medial and lateral joint lines. Range of motion was 0-128 degrees and pain was rated 4/10. The claimant underwent four weeks of aquatic therapy for resistance exercises. He also continued with massage, interferential therapy and ultrasound. A Functional Capacity Evaluation was done on 03/15/06, in which he qualified for a heavy work category with restricted repetitive kneeling. On 03/27/06, Dr. Strong documented slight pain and tenderness on palpation of the medial and lateral joint lines. McMurray's test was negative. Range of motion was 0-140 degrees, and pain was rated 2/10. The diagnosis was left knee sprain/strain of the anterior cruciate ligament (ACL) and left knee joint effusion. The claimant was to progress from aquatic therapy to land based therapeutic exercise, for 12 sessions. He was to continue to receive interferential therapy and massage. This course of therapy was denied on peer reviews dated 04/05/06 and 04/20/06. On 04/13/06, Dr. Tijmes performed an orthopedic evaluation in which he noted that the claimant had not done any land based therapy. Range of motion was 0-145 degrees; McMurray and Lachman testing was negative, but there was some reproduction of pain on flexion and anterior drawer testing and Lachman testing. The anterior cruciate ligament was intact. X-rays showed well maintained joint spaces. The diagnosis was left knee pain and left knee anterior cruciate ligament sprain. The physician recommended strengthening protocol and exercises for the left knee, an anterior cruciate ligament brace, Celebrex and Ultracet. On 04/20/06, Dr. Cashion performed a chiropractic designated doctor exam and documented negative examination findings. He felt the claimant was at maximum medical improvement as of 03/13/06. An appeal letter from Dr. Strong dated 05/17/06 for the denied therapy, was submitted for review. He noted that this was the first request for land based therapeutic exercises. This reviewer cannot recommend the additional physical therapy as being medically necessary. The claimant had evidence of having had extensive aquatic therapy. The exercises from aquatic therapy could certainly be transitioned to a home exercise program. This claimant should be on a home exercise program with aggressive strengthening activities independently, and there was nothing to suggest that additional formal physical therapy will lead to any significant improvement. Dr. Strong's letter of 05/17/06, was reviewed, and did not change this reviewer's decision. Again, there was nothing to support the need for land based therapy that the claimant could not perform in a home exercise program.

**Criteria/Guidelines utilized:** TDI/DWC Rules and Regulations.  
ACOEM Guidelines, 2<sup>nd</sup> Edition, Chapter 13.

Official Disability Guidelines, Treatment in Workers' Comp, 4<sup>th</sup> Edition, 2006, page 671.

**Physician Reviewers Specialty:** Orthopedic Surgery

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**Physician Reviewers Qualifications: Licensed Orthopedic Surgeon**

**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.