



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-1678-01
Social Security #: _____
Treating Provider: Patrick McMeans, MD.
Review: Chart
State: TX
Date Completed: 8/10/06

Review Data:

- **Notification of IRO Assignment dated 7/7/06, 1 page.**
- **Receipt of Request dated 7/7/06, 1 page.**
- **Medical Dispute Resolution Request/Response dated 6/23/06, 2 pages.**
- **Table of Disputed Services (date unspecified), 1 page.**
- **List of Treating Providers (date unspecified), 2 pages.**
- **Reports dated 6/2/06, 5/15/06, 4 pages.**
- **Organization Summary dated 7/13/06, 2 pages.**
- **Employer's First Report of Injury or Illness dated 7/19/ , 1 page.**
- **Notice of Refused/Disputed Claims dated 7/19/04, 1 page.**
- **Ambulance Service Form dated 7/19/02, 1 page.**
- **Emergency Physician Record (Date Unspecified), 2 pages.**
- **Triage Assessment dated 7/19/02, 2 pages.**
- **X-Rays Lumbar Spine dated 7/19/02, 1 page.**
- **X-Rays Sacrum dated 7/19/02, 1 page.**
- **Examinations dated 7/23/02, 12/2/02, 1/6/03, 1/27/03, 2/17/03, 3/13/03, 4/21/03, 4/28/03, 16 pages.**
- **Work Status Reports dated 7/23/02, 12/2/02, 6/6/03, 1/20/03, 1/27/03, 1/28/03, 2/17/03, 3/13/03, 4/21/03, 4/28/03, 1/25/05, 12 pages.**
- **CT Scan Head dated 7/24/02, 1 page.**
- **Evaluations dated 8/26/02, 9/24/02, 1/17/06, 10 pages.**
- **X-Rays Chest dated 9/19/02, 1 page.**
- **MRI Lumbar Spine dated 9/19/02, 8/6/04, 3 pages.**
- **MRI Left Knee dated 10/7/02, 1 page.**
- **Required Medical Evaluations dated 1/20/03, 1/25/06, 13 pages.**
- **Consultation/Evaluation dated 1/28/03, 2 pages.**
- **Office Visits dated 2/17/03, 3/24/03, 5/5/03, 6/10/03, 6/16/03, 10/15/03, 1/6/04, 9/3/04, 3/16/06, 9 pages.**
- **FCE Summary dated 2/20/03, 1 page.**
- **Functional Capacity Evaluation dated 2/20/03, 11 pages.**

- Follow-Ups dated 4/21/03, 5/19/03, 6/16/03, 7/30/03, 8/27/03, 12/12/03, 8/24/04, 8/6/04, 9/3/04, 10/8/04, 11/12/04, 12/10/04, 1/14/05, 2/25/05, 3/25/05, 4/15/05, 5/6/05, 6/2/05, 6/3/05, 7/8/05, 10/14/05, 11/18/05, 1/6/06, 3/10/06, 43 pages.
- Progress Notes dated 1/10/04, 3/11/04, 4/8/04, 5/6/04, 6/3/04, 7/1/04, 7/29/04, 9/7/04, 10/5/04, 11/15/04, 12/13/04, 2/7/05, 3/7/05, 4/7/05, 5/5/05, 6/30/05, 7/28/05, 8/25/05, 10/20/05, 11/18/05, 1/6/06, 2/3/06, 3/10/06, 4/7/06, 5/5/06, 6/6/06, 67 pages.
- Initial Medical Consultation dated 2/27/04, 1 page.
- Objective Spinal Findings dated 2/27/04, 1 page.
- Exam Findings dated 2/27/04, 4 pages.
- Diagnostic Summary dated 6/3/04, 2 pages.
- Report of Medical Evaluation dated 8/11/04, 1 page.
- Impairment Examination dated 8/4/04, 4 pages.
- Consultation dated 8/31/04, 3 pages.
- Functional Abilities Evaluation dated 1/25/05, 9 pages.
- Pain Disability Questionnaire dated 1/27/05, 1/17/06, 12 pages.
- Patient Information dated 5/6/05, 6/3/05, 1/6/06, 9 pages.
- Orthopedic Evaluations dated 5/24/05, 8/30/05, 4 pages.
- Consolidated Report dated 1/17/06, 10 pages.
- Initial Evaluation dated 7/25/02, 4 pages.
- SOAP Notes dated 7/25/02, 7/26/02, 7/29/02, 7/31/02, 8/2/02, 8/5/02, 8/7/05, 8/9/05, 8/12/02, 8/14/02, 8/16/02, 12 pages.
- Progress Summary dated 7/31/02, 8/9/02, 8/14/02, 9 pages.

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied request for an MRI of the lumbar spine and an MRI of the left knee.

Determination: UPHELD - the previously denied request for an MRI of the lumbar spine (unless surgery is anticipated) and an MRI of the left knee.

Rationale:

Patient's age: 57 years

Gender: Female

Date of Injury: ____

Mechanism of Injury: Fall from ladder.

Diagnoses: Lumbar discogenic pain syndrome; lumbar radiculitis; radiculargia; left knee degenerative joint disease.

This 57-year-old female had longstanding complaints of low back pain and left knee pain. Reportedly, she fell from a ladder on _____. She first presented to the emergency room with complaints of lower back pain. Diagnosis was coccyx contusion. She was seen on 07/23/02 for head, neck and back pain. Past medical history included a previous laminectomy at L4, in July 2001. She underwent a 10/07/02 left knee MRI which showed degenerative changes involving the anterior meniscus and chondromalacia. An Required Medical Evaluation (RME) was performed by Dr. Vanderweide on 01/20/03. At that time, the claimant reported low back pain, occasional

pain along the lateral aspect of the left thigh, and left knee pain. She denied locking, catching, or giving way of the knee. Examination findings were voluntary limited range of motion of the lumbar spine, negative straight leg raising bilaterally, femoral stretch negative bilaterally, and intact neurologic examination, tenderness along the medial joint line of the left knee, no instability and no signs of internal derangement. Dr. Vanderweide's impression was no evidence of acute change on any of the MRI studies, degenerative disc disease of the lumbar spine superimposed contusion and degenerative joint disease of the left knee. Dr. Vanderweide opined that the soft tissue injury should resolve within 60 to 90 days and that he was unable to explain the delay in documentation of complaints regarding her left knee for almost three months. No surgery was recommended. On 01/28/03, Dr. McNeil evaluated the claimant for low back pain with radiation down the left leg associated with numbness. Conservative treatment was recommended. Dr. Figari evaluated the claimant on 02/17/03 for her left knee pain. Diagnosis was medial compartment pain consistent with a medial meniscus tear. An injection was performed. A follow-up visit with Dr. Figari on 03/24/03 revealed that the radiographs showed significant degenerative changes, especially in the medial compartment. The claimant began treating with Dr. Dumitru on 04/21/03 for her persistent low back pain. Examination findings were a positive straight leg raise on the left and intact sensory and deep tendon reflexes. Dr. Dumitru's impression of the MRI was that it showed a bulging disc at L3-4 on the left. Dr. Dumitru recommended an epidural steroid injection which was not approved by the insurance carrier. The claimant continued treating with Dr. Dumitru through December of 2003. The 04/08/04 office visit with Dr. McMeans, documented bilateral leg cramping, worse on the left. Dr. McMeans recommended EMGs but these were not approved by the insurance carrier. The claimant began treating with chiropractics and was seen by Dr. Pizzini, a chiropractor, for an impairment rating. Dr. Pizzini placed an impairment rating of 9% whole body impairment rating and strongly suggested EMGs again, due to suggestions of lumbar radiculopathy. The 08/06/04 lumbar spine report showed disc spaces well preserved, except at L4-5, where there was moderate collapse. There was no spondylosis, spondylolisthesis or spondylolysis. The claimant began treating with Dr. Ghadially on 08/06/04, for her back and leg pain. She reported that her left leg gave out. Examination findings were seated neuro tensions signs negative, intact sensation and strength, symmetric deep tendon reflexes, a small left knee effusion, pain along the medial joint line, patellofemoral crepitus, painful McMurray, no clunk and pain along the medial joint line. Dr. Ghadially felt the MRI of the left knee showed a patellar lateral retinacular injury. Dr. Ghadially's impression was traumatic patella retinacular injury, post laminectomy syndrome and mechanical instability of the lumbar spine. Dr. Ghadially recommended a examination under anesthesia and arthroscopic retinacular release, MRI of the lumbar spine and CT discogram. On 08/31/04, Dr. Prioffitt, a neurologist, evaluated the claimant's left knee pain, left thigh pain and complaints of burning sensation in the shoulder blades, neck stiffness and shooting pains into the back of the head with headaches. Examination revealed inability to perform a deep knee bend, strength intact, negative straight leg raise, decreased cervical range of motion with left side bending with multiple trigger points. Based on his diagnosis of cervical somatic dysfunction, cervicogenic headaches and lumbosacral radiculopathy, cervical spine X-rays, an MRI of the cervical spine and bilateral lower extremity EMGs were ordered. The 09/30/04 lumbar spine flexion extension views showed retrolisthesis, with extension of L2 and L3 of approximately 3 to 4 mm, which reduced in flexion. The disc spaces were well preserved. There was osteophytosis noted on the superior endplate on L5 and to a lesser degree on L4. By the 09/03/04 office visit with Dr. Ghadially's physician assistant, the claimant was reporting low back pain and bilateral extremity pain. The claimant had a positive straight leg raise. Dr. Ghadially was still pursuing authorization for the left knee surgery. On 10/08/04, Dr. Ghadially noted the insurance company

felt the left knee was no longer compensable and then requested a lumbar epidural steroid injection at L4-5. On 01/25/05, Dr. Grossman found no evidence of instability or signs of radiculopathy on examination; however, Dr. Ghadially felt that based on his examination findings and imaging, no lumbar surgery was indicated, but the arthroscopic exploration of the left knee would be an option. Dr. Ghadially recommended a CT arthrogram of the left knee on 02/25/05 due to a positive McMurray, antalgic gait and small effusion. Dr. Ghadially was still awaiting approval for the lumbar epidural steroid injection. The claimant saw Dr. Roman on 07/08/05, for low back and bilateral extremity complaints. She also reported her chronic left knee pain. She stated the pain was progressively worse and was 8/10. Physical examination revealed lumbar spine tenderness, spasm, scattered trigger points, loss of lordosis, restricted lumbar range of motion and a bilateral positive straight leg raising at 45 degrees. Another physician, Dr. Francis saw the claimant on 08/30/05, and opined that a CT to the sacrum was needed to clarify the pain generator since the 10/07/05 lumbar MRI showed some stenosis and the claimant was now having bilateral leg pain. On 01/17/06, Dr. Ziegler determined that the claimant was depressed and a multidisciplinary pain management program would be medically necessary. The last recorded office note of Dr. Ramon's was 03/10/06, with essentially the same examination findings. Recommendation was for an MRI and the pain management program. Dr. Key, an orthopedist, saw the claimant on 03/16/06, for symptoms of a chondral fracture. Dr. Key noted the history as L4-5 disc with lateral recess stenosis. The claimant reported striking her knee when she fell. She had a positive McMurray. Dr. Key recommended an MRI of the left knee to diagnose the presence of a chondral fracture on the undersurface of the patella, and an MRI of the lumbar spine. This claimant had been seen on a frequent basis with Dr. McMeans with the most recent office visit on 06/06/06, for bilateral back pain to her buttocks, posterior knee pain and severe muscle spasms. The claimant had been treated extensively with Relafen, Ibuprofen, Flexeril, chiropractic visits, left knee steroid injections, an unloader brace and physical therapy. It does not appear from the records reviewed, that the ESI nor the EMGs were approved or performed. It appears from this medical record, the claimant had a long history of back and left knee complaints. She had undergone lumbar spine surgery and had a postoperative 09/19/02 MRI of the lumbar spine report that described moderate to severe stenosis of the central spinal canal at L3-4, as well as some lower degenerative disc bulging. She has also had an MRI of the left knee on 10/07/02, which documented degenerative changes. It appeared the patient has had ongoing complaints, yet does not appear to have new positive physical findings, and the request is as to whether the patient needs an MRI of the left knee and/or MRI of the lumbar spine. In terms of the lumbar spine, unless the patient's treating physicians feel that she needs an operative procedure for her complaints and findings, then there is no need to do an MRI of the lumbar spine. It appears from the last one that was done, that she had significant stenosis which possibly could account for her ongoing complaints and findings. However, none of her treating physicians had indicated surgery was being considered. There is no need to do another MRI if they are just looking to make sure nothing had anatomically changed, because you don't make a determination as to treatment based only on a diagnostic test. However, if they feel that she is a surgical candidate who has exhausted conservative care and they would like to proceed surgically, then an MRI would be medically necessary for pre-operative planning. In terms of her left knee, it appears that the physicians have talked about arthroscopic surgery on and off for a couple of years. Obviously, patients with ongoing knee complaints and limitations in function, who have had an MRI documenting degenerative changes yet has not improved with conservative care, could be helped with arthroscopic surgery. However, doing another MRI is not going to make the determination as to whether or not she needs arthroscopic surgery, as that is made from a clinical basis and there is already an old MRI documenting intraarticular abnormalities.

Therefore, this reviewer does not see the medical necessity for a left knee MRI and she should be treated either with or without surgery, based on her clinical examination, with the understanding that she has already had an abnormal MRI in the past without an intervening new injury.

Criteria/Guidelines utilized: TDI/DWC Rules and Regulations.
The ACOEM Guidelines, 2nd Edition do not apply.
DeLee and Drez's Orthopedic Sports Medicine, Principles and Practice, Chapter 28, pg. 1596,
Chapter 27, pg. 1532.

Physician Reviewers Specialty: Orthopedic Surgeon

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.

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Date: 1/23/2007

In accordance with Division Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, requestor, claimant and the Division via facsimile or U.S. Postal Service from the office of the IRO on this day of August 6, 2006.

Signature of IRO Employee:

A handwritten signature in cursive script that reads "Lee-Anne Strang". The signature is written in black ink and includes a horizontal line underneath the name.

Printed Name of IRO Employee

Lee-Anne Strang

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