



CompPartners Final Report



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

Claimant Name: _____
Texas IRO # : _____
MDR #: M2-06-0357-01
Social Security #: _____
Treating Provider: Cheng Le, DC
Review: Chart
State: TX

Review Data:

- Notification of IRO Assignment dated 11/21/05, 1 page.
- Receipt of Request dated 11/21/05, 1 page.
- Medical Dispute Resolution Request/Response dated 11/1/05, 2 pages.
- Table of Disputed Services (date unspecified), 1 page.
- List of Treating Providers (date unspecified), 2 pages.
- Case Summary dated 11/29/05, 23 pages.
- Cover Page dated 11/29/05, 1 page.
- Independent Review Organization Summary dated 11/25/05, 2 pages.
- Fax Cover Sheet dated 11/21/05, 1 page.
- Texas Workers' Compensation Work Status Report dated 10/18/05, 6/20/05, 3/18/05, 1/27/05, 12/15/04, 12/2/04, 11/18/04, 10/15/04, 8/12/04, 8/8/04, 6/25/04, (date unspecified), 12 pages.
- Legal Letter dated 11/16/05, 1 page.
- Manuel Muscle Test dated 11/11/05, 1 page.
- Range of Motion Test dated 11/11/05, 10/28/05, 10/14/05, 9/30/05, 9/16/05, 9/1/05, 7/1/05, 18 pages.
- Test Order dated 11/4/05, 10/28/05, 10/14/05, 9/30/05, 9/16/05, 9/1/05, 6 pages.
- Case Review dated 10/21/05, 10/13/05, 2 pages.
- Request for Reconsideration dated 10/14/05, 2 pages.
- Operative Report dated 11/1/04, 10/28/04 10/13/04, 5 pages.
- Progress Summary dated 10/10/05, 2 pages.
- Review of Medical History and Physical Exam dated 9/1/05, 3 pages.
- Impairment Rating Report dated 9/1/05, 2 pages.
- Report of Medical Evaluation dated 9/1/05, 3 pages.
- Letter of Clarification dated 7/25/05, 2 pages.

CORPORATE OFFICE

18881 VON KARMAN AVENUE, SUITE 900, IRVINE, CA 92612
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- **Work Hardening/Conditioning Daily Notes** dated 7/7/05, 7/6/05, 7/1/05, 6/30/05, 6/29/05, 6/27/05, 6/24/05, 6/22/05, 6/21/05, 6/20/05, 6/15/05, 6/14/05, 6/13/05, 5/20/05, 5/19/05, 5/18/05, 5/17/05, 5/16/05, 5/13/05, 5/12/05, 5/6/05, 5/5/05, 5/4/05, 5/3/05, 5/2/05, 4/29/05, 4/28/05, 4/27/05, 4/26/05, 4/25/05 28 pages.
- **Addendum** dated 7/7/05, 4 pages.
- **Letter of Medical Necessity** dated 7/6/05, 2 pages.
- **Functional Capacity Evaluation** dated 7/1/05, 3/20/05, 21 pages.
- **Weekly Work Hardening Summary** dated 4/29/05, 2 pages.
- **Group Therapy** dated 5/13/05, 5/5/05, 4/28/05, 3 pages.
- **Outpatient Progress Notes** dated 4/26/05, 1 pages.
- **Aquatic Therapy Exercises** dated 4/26/05, 5/3/05, 2 pages.
- **Rebuttal** dated 4/14/05, 8/26/04, 3 pages.
- **Progress Report** dated 4/13/05, 3/16/05, 11/30/04, 10/20/04, 7 pages.
- **Static Strength Report** dated 3/22/05, 12 pages.
- **Medical Examination** dated 3/18/05, 1 page.
- **Patient Physical** dated 3/18/05, 2 pages.
- **Patient History** dated 3/16/05, 3 pages.
- **Daily Progress Note** dated 3/9/05, 3/1/05, 2/28/05, 2/17/05, 2/2/05, 1/31/05, 1/14/05, 1/5/05, 12/15/04, 12/2/04, 11/30/04, 11/2/04, 10/15/04, 10/1/04, 9/30/04, 9/14/04, 9/1/04, 8/30/04, 8/16/04, 8/2/04, 7/30/04, 7/19/04, 22 pages.
- **Individual Progress Note** dated 3/8/05, 3/1/05, 2/22/05, 2/14/05, 1/17/05, 12/27/04, 12/6/04, 7 pages.
- **Computerized Muscle Testing** dated 2/11/05, 4 pages.
- **Legal Report** (date unspecified), 3 pages.
- **Orthopedic Office Visit** dated 1/27/05, 9/27/04, 3 pages.
- **Notice of Disputed Issues and Refusal to pay Benefits** dated 1/19/05, 8/16/04, 2 pages.
- **ADL/ Education of Patient** dated 1/14/05, 1 page.
- **Referral** dated 1/14/05, 1 page.
- **Physical Findings Summary** dated 1/14/05, 1 page.
- **Discharge Summary** dated 11/24/04, 11/23/04, 4 pages.
- **LVN Routine Notes** dated 11/17/04, 2 pages.
- **RN Admission** dated 11/12/04, 1 page.
- **Treatment Plan** dated 11/12/04, 2 pages.
- **Anesthesia Record** dated 12/13/04, 11/1/04, 10/28/04, 3 pages.
- **Procedure Report** dated 11/1/04, 1 page.
- **Cardiology Consultation** dated 11/1/04, 2 pages.
- **Post-operative Evaluation** dated 10/15/04, 1 page.
- **Letter of Medical Necessity** dated 10/13/04, 1 page.
- **Post Anesthesia Care Unit Report** dated 10/13/04, 1 page.
- **Intraoperative Record** dated 10/13/04, 1 page.
- **Patient Statement** dated 6/15/04, 9 pages.

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- Investigative Reports dated 10/6/04, 10/5/04, 10/1/04, 9/30/04, 9/28/04, 9/24/04, 9/23/04, 9/22/04, 9/18/04, 9/13/04, 13 pages.
- Initial Interview dated 9/14/04, 6 pages.
- Request for Services dated 9/14/04, 6 pages.
- Right Knee X-ray dated 8/23/04, 1 page.
- Right Knee MRI dated 8/23/04, 1 page.
- Consultation dated 8/20/04, 3 pages.
- Notification of Suspension of Indemnity Benefit Payment dated 8/11/04, 1 page.
- Initial Medical Report dated 7/19/04, 3 pages.
- SOAP Note dated 6/25/04, 2 pages.
- Emergency Physician Record dated 6/13/04, 2 pages.
- Triage/ Primary Nursing Assessment dated 6/13/04, 2 pages.
- Physician's Orders dated 6/13/04, 2 pages.
- Weekly Work Hardening Summary dated 5/20/05, 5/6/05, 4 pages.
- Employer's First Report of Injury or Illness dated 6/12/04, 1 page.

Reason for Assignment by TDI: Determine the appropriateness of the previously denied chronic pain management program, five times a week for 6 weeks, for a total of 30 sessions.

Determination: REVERSED – the previously denied chronic pain management program, five times a week for 6 weeks, for a total of 30 sessions.

Rationale:

Injured worker's age: 34 years

Gender: Male

Date of Injury: ____

Mechanism of Injury: While working inside a freezer, he slipped on ice and twisted his right knee and fell on the ground.

Diagnoses: Right knee internal derangement and right knee contusion.

This patient had three surgeries to the right knee since his injury. There was a letter from Cheng Lee, DC on 10/10/05, that indicated that the first surgery was done by Eric Berkman, MD, on 10/13/04, and he had resultant complications with a septic knee infection. He had a surgical procedure on 10/28/04, by Eric Berkman, MD, and he tested positive for a right lower extremity deep venous thrombosis. A cardiology consult was ordered and a filter was placed. The possibility of septic arthritis was also noted. On 11/1/04, the patient underwent a total synovectomy and a pen jet lavage. He subsequently had an Independent Medical Examination (IME) performed by Philip Osborne MD, and it was determined that he had a permanent impairment of his knee. He was then started on a work hardening program. The patient had received individual psychological sessions in 2004 for the treatment of anxiety and depression. A letter of clarification from Dr. Cheng, DC on 7/25/05, identified that the patient did have a Functional Capacity Evaluation (FCE) on 7/1/05, which indicated he could only function at a medium duty level of work, however his job required a very heavy duty level of work. The FCE of 7/1/05 reflected that this claimant was at a very heavy duty level with regards to leg lifts, torso

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lift and arms, with no medium duty scores at all. Work hardening/conditioning was provided by Paul Raymond, DC. The summary of care given to date included at least 72 hours of physical therapy visits, 33 work conditioning visits, and 33 work hardening visits.

There were emergency room notes from Methodist Hospital on 6/13/04, and these notes indicated a prior history of right knee pain for ten years as well as a history of acute reflux. His right knee pain on that date was rated as "3/10." He was referred to Stephen Brown, M.D., an orthopedic specialist, for right knee pain. Dr. Brown saw the patient on 6/25/2004, at which time the patient reported symptoms of reflux, fatigue, arthralgia, back pain, joint stiffness, limb pain, and myalgia, headaches and weakness, and positive for anxiety, depression, feelings of stress, personality changes, difficulty concentrating, sleep disturbance, migraine headaches, stomach ulcers and he also had high blood pressure. The physical examination revealed medial and lateral joint line tenderness and normal strength. He was provided with a recommendation for light duty work, of which, the employer met. The injured worker refused to stop doing his homework while answering the phones and demanded that he be let go. He then presented for treatment on 7/19/04 to Dr. Cheng Lee, a chiropractor, at the Injury Center of Houston. At that time, he complained of constant pain rated 8/10, and Dr. Lee took him off work and began a physical therapy program.

On the 8/20/04 notes from Ben Tionson, MD, at the Pain Reduction Center, the patient still had pain, but it had increased to an intensity level of "10/10." His gait was antalgic, he had a brace on his right knee and he ambulated with the assistance of a cane. He was negative for weakness, numbness or loss of balance. An MRI of the right knee, performed on 8/23/04, was interpreted by Edward Fritsch, DC. The report reflected patella alta, a lateral subluxation of the patella associated with an impaction type chondral contusion on the anterior aspect of the lateral femoral condyle and there was edema and swelling of the articular cartilage and patellofemoral compartment noted.

On 3/18/05, he was evaluated by Philip Osborne, MD, who determined that the patient was not going to respond well to work conditioning or work hardening, and that his problems were not likely to improve significantly, and that he should see a designated doctor and be determined at maximum medical improvement. Despite this recommendation, he did have these programs. The claimant was examined by Jose Castillo, MD, on 9/1/05, and was determined to have a 5% whole person impairment rating and was at maximum medical improvement.

The current request is to determine the medical necessity for the disputed chronic pain management, five times a week for six weeks, for 30 sessions. The medical necessity for this request was found with the documentation received for this review. The patient is a chronic pain patient and should be afforded these visits as an attempt to resolve his ongoing complaints.

Criteria/Guidelines utilized: TDI/DWC rules and regulations.
The ACOEM Guidelines, 2nd Edition, Chapter 6.

Physician Reviewers Specialty: Chiropractic

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Physician Reviewers Qualifications: Texas Licensed DC, BSRT, FIAMA Chiropractor 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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