

# RYCO MedReview

## DETERMINATION OF INDEPENDENT REVIEW

**NAME OF PATIENT:** \_\_\_\_\_  
**IRO CASE NUMBER:** M2-07-0378-01  
**NAME OF REQUESTOR:** Frank Gonzales, D.C.  
**NAME OF PROVIDER:** Frank Gonzales, D.C.  
**REVIEWED BY:** Licensed by the Texas State Board of Chiropractic  
Examiners  
**IRO CERTIFICATION NO:** IRO 5345  
**DATE OF REPORT:** 12/21/06

Dear Dr. Gonzales:

RYCO MedReview has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO) (#IRO5345). Texas Insurance Code Article 21.58C, effective September 1, 1997, allows a patient, in the event of a life-threatening condition or after having completed the utilization review agent's internal process, to appeal an adverse determination by requesting an independent review by an IRO.

In accordance with the requirement for TDI-Division of Workers' Compensation (DWC) to randomly assign cases to IROs, DWC has assigned your case to RYCO MedReview for an independent review. The reviewing physician selected has performed an independent review to determine if the adverse determination was appropriate. In performing this review, the reviewing physician reviewed relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal.

This case was reviewed by a health care professional or physician reviewer who is Licensed in the area of Chiropractics and is currently listed on the DWC Approved Doctor List.

I am the Secretary and General Counsel of RYCO MedReview and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the

**M2-07-0378-01**

**Page Two**

treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization.

### **REVIEWER REPORT**

#### **Information Provided for Review:**

X-rays of the left knee interpreted by Varadareddy T. Reddy, M.D. dated 06/01/05  
Functional Capacity Evaluations (FCEs) with Frank Gonzales, D.C. dated 06/06/05, 10/10/05, 11/14/05, 02/13/06, and 08/25/06  
An MRI of the left knee interpreted by Dr. Reddy dated 06/10/05  
An evaluation with Marie E. Hall, P.A.-C. for Richard L. Duke, M.D. dated 06/30/05  
Evaluations with Dr. Duke dated 07/11/05, 08/22/05, 08/29/05, 09/19/05, 10/03/05, 11/03/05, 12/01/05, and 03/31/06  
An operative report from Dr. Duke dated 08/23/05  
A prescription from Dr. Duke dated 08/29/05  
Psychological evaluations with Paul A. Jurek, Ph.D., L.P.C. dated 10/04/05 and 02/16/06  
Physical Performance Evaluations (PPEs) with Dr. Gonzales dated 04/24/06, 04/27/06, 07/19/06, and 08/25/06  
Designated Doctor Evaluations with Howard H. Hood, M.D. dated 04/25/06 and 09/29/06  
Evaluations with Michael E. Muncy, D.O. dated 05/09/06, 06/06/06, 08/01/06, and 10/03/06  
A preoperative evaluation with Ruth Wachendorfer, M.D. dated 05/29/06  
An operative report from Dr. Muncy dated 05/30/06  
An evaluation and discharge summary from Steven H. Thompson, M.D. dated 05/30/06  
A preoperative evaluation with Dr. Wachendorfer dated 05/31/06  
An impairment rebuttal note from Dr. Gonzales dated 06/21/06  
A request for preauthorization from Dr. Gonzales dated 08/29/06  
A psychological evaluation with Arturo Rivera, M.Ed., L.P.C. dated 09/01/06  
A letter to IRO from Dr. Gonzales dated 10/19/06

#### **Clinical History Summarized:**

X-rays of the left knee interpreted by Dr. Reddy on 06/01/05 revealed early osteoarthritic changes of the knee joint and a tiny joint effusion. An FCE with Dr. Gonzales on 06/06/05 indicated the patient was at the sedentary light physical demand level. An MRI of the left knee interpreted by Dr. Reddy on 06/10/05 revealed a tear of the posterior horn of the medial

**M2-07-0378-01**

**Page Two**

meniscus, a contusion and/or tear of the medial collateral ligament (MCL), and moderate osteoarthritic changes. On 06/30/05, Ms. Hall recommended a surgical evaluation and a Medrol Dosepak. On 07/11/05, Dr. Duke recommended knee surgery. Dr. Duke performed a left knee synovectomy on 08/23/05. On 08/29/05, Dr. Duke recommended physical therapy and anti-inflammatories. On 10/04/05, Dr. Jurek recommended a work hardening program. An FCE with Dr. Gonzales on 10/10/05 indicated the patient was at the light medium physical demand level and a work hardening program was requested. Dr. Duke prescribed Decadron on 11/03/05. An FCE with Dr. Gonzales on 11/14/05 indicated the patient functioned at the medium physical demand level and would require a work hardening program. On 12/08/05, Dr. Duke recommended Synvisc injections. Another FCE with Dr. Gonzales on 02/13/06 was unchanged and a chronic pain management program was recommended. On 02/16/06, Dr. Jurek also recommended a pain management program. An FCE with Dr. Gonzales on 04/24/06 indicated the patient functioned in the light to light-medium physical demand level and a work hardening program was recommended. On 04/25/06, Dr. Hood placed the patient at Maximum Medical Improvement (MMI) as of 04/14/06 with a 1% whole person impairment rating. Surgery was discussed by Dr. Muncy on 05/09/06. A left total knee arthroplasty was performed by Dr. Muncy on 05/30/06. On 06/06/06, Dr. Muncy recommended Lovenox, a non-steroidal anti-inflammatory, and physical therapy. Based on a PPE with Dr. Gonzales on 07/19/06, 12 more sessions of physical therapy were recommended. An FCE with Dr. Gonzales on 08/25/06 indicated the patient functioned at the light to light-medium physical demand level. On 08/29/06, Dr. Gonzales requested a work hardening program. On 09/01/06, Mr. Rivera also recommended a work hardening program. On 09/20/06, Dr. Hood placed the patient at MMI at that time with a 15% whole person impairment rating. On 10/19/06, Dr. Gonzales wrote a letter to IRO regarding the necessity for the work hardening program.

**Disputed Services:**

Work conditioning program initial two hours (97545) and work conditioning program each additional hour (97546)

**Decision:**

I disagree with the requestor. The work conditioning program initial two hours (97545) and work conditioning program each additional hour (97546) would not be reasonable or necessary.

**Rationale/Basis for Decision:**

After reviewing the medical records provided, it is found that the patient was injured on \_\_\_\_\_. The patient eventually had to have surgery to the left knee, which included major synovectomy involving the medial, anterior, and superior compartments on 08/23/05. The patient had a second surgical procedure performed on 05/30/06, which included left total knee arthroplasty. He completed a postoperative rehabilitation program. The treatment in question is work conditioning. According to the American Physical Therapy Association Guidelines for Work Hardening and Work Conditioning Programs, to be eligible for work conditioning, a patient must have a job goal, stated or demonstrated willingness to participate, and have identified neuromusculoskeletal physical and functional deficits that interfere with work. According to the medical records provided for review, the last FCE was performed on 08/25/06. The evaluation showed the patient to be functioning at the light medium capacity. The patient had a psychological assessment on 09/01/06 that revealed that he was a candidate for work hardening. The patient was referred for a Designated Doctor Evaluation on 09/20/06 in which he was placed at MMI. This evaluation revealed the patient to have “almost no pain” and he was “ambulating well”. In addition, the patient had no strength deficits, no sensory deficits, and his range of motion in the left knee was within normal limits. The doctor that performed the Designated Doctor Evaluation stated the patient could perform full capacity with restrictions. With conflicting information between the FCE performed on 08/25/06 and the Designated Doctor Evaluation on 09/20/06 (the former showed deficits in range of motion and strength and the latter revealed no strength deficits and full range of motion), there is not enough evidence (according to the APTA Guidelines mentioned above) of medical necessity for a work conditioning program for this patient.

The rationale for the opinions stated in this report are based on clinical experience and standards of care in the area as well as broadly accepted literature which includes numerous textbooks, professional journals, nationally recognized treatment guidelines and peer consensus.

This review was conducted on the basis of medical and administrative records provided with the assumption that the material is true and correct.

This decision by the reviewing physician with RYCO MedReview is deemed to be a Division decision and order.

**YOUR RIGHT TO REQUEST A HEARING**

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.

**M2-07-0378-01**

**Page Five**

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. A request for a hearing should be faxed to 512-804-4011 or sent to:

Chief Clerk of Proceedings/Appeals Clerk  
TDI-Division of Workers' Compensation  
P. O. Box 17787  
Austin, TX 78744

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization's decision was sent to the respondent, the requestor, DWC, and the patient via facsimile or U.S. Postal Service this day of 12/21/06 from the office of RYCO MedReview.

Sincerely,

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Amanda Thomas  
Secretary/General Counsel