



**IRO REVIEWER REPORT TEMPLATE -WC**

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**DATE OF REVIEW:** DECEMBER 3, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Repeat MRI (Confor MIS) right knee

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

No ODG Guidelines  
Right knee MRI, 07/13/06  
Office note, Dr., 07/28/06, 09/10/06, 09/21/06, 10/13/06 and 11/06/06  
Operative report, 08/24/06  
MRI, 12/04/06 and 7/13/06  
Note, 12/19/06, 02/06/07, 08/06/07 and 08/13/07  
Consult, Dr., 03/05/07  
Office notes, Dr., 03/13/07, 04/10/07 and 05/08/07  
Office note, Dr., 06/20/07  
Letter from Dr., 09/07/07  
Medical Records from Dr. 6/20/07 thru 9/7/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This male claimant sustained a twisting injury to his knee and subsequently underwent an arthroscopic evaluation of the right knee with partial medial meniscectomy and chondroplasty on 08/24/06. Operative findings included a laceration of the medial meniscus and chondromalacia of the patella and femoral condyle. Post-operatively, the claimant reported some unusual knee pain and described a grinding sensation and unstable feeling. An MRI of the right knee done on 12/04/06 showed articular cartilage thinning and irregularity over the posterior medial femoral condyle, post-operative changes and a Baker's cyst with tiny loose joint bodies. In 2007, increased right knee pain was noted and the claimant was diagnosed with traumatic arthritis. The claimant was treated with bracing and a series of Orthovisc injections which reportedly failed to provide relief. The treating physician has recommended a Confor MIS MRI of the right knee.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Repeat MRI for Confor MIS of the right knee does not appear to be medically necessary and reasonable.

It appears Confor MIS is a proprietary implant for uni-compartmental knee problems in this male. There is no clear proven benefit for this implant over the accepted implants available. As such, the Reviewer's medical assessment is that a repeat MRI in this instance is not medically necessary, appropriate and reasonable as this claimant has had two MRIs prior to this.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Knee and Leg : MRI's (magnetic resonance imaging)

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)