

Independent Resolutions Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Phone: 817-274-0868

Fax: 817-549-0311

DATE OF REVIEW: JULY 4, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI left knee and Supartz injection of the left knee once a week for five weeks.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Left knee MRI, 03/19/05

Office notes, Dr. 05/06/05, 06/03/05, 06/30/05, 07/21/05, 03/30/06, 10/26/06, 02/09/07 and 06/05/07

Operative report, 08/18/05

Peer review, 02/13/07

X-ray, 03/15/07

Request for reconsideration, 05/23/07

Appeals process

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female with a history of patellar subluxation in 2004. She slipped in a parking lot and injured the left knee. A 03/19/05 MRI of the left knee showed no significant effusion, normal menisci and the ligaments intact.

On 05/06/05 Dr. evaluated the claimant for left knee pain noting that she was in therapy but did not have a brace or nonsteroidal anti-inflammatory medication. On examination she was tender over the medial and lateral patellar facets. Motion was 0-120 degrees. Plain films were unremarkable. She was to continue therapy and use a brace. When she did not improve she was taken to the operating room for a left knee arthroscopy with medial femoral chondroplasty and lateral release. The claimant progressed slowly after surgery and was given permanent restrictions of 30 pounds lifting on 03/30/06 and was determined to have reached maximum medical improvement as of 03/02/06.

On 10/26/06 the claimant returned to see Dr. with ongoing knee pain. On examination there was tenderness of the medial femoral condyle and trace effusion. The knee was stable. Dr. recommended Supartz and work restrictions. She returned to Dr. on 02/09/07 with feelings of giving way and pain. On examination there was no effusion and the knee was stable. He recommended an MRI to "see where we are." Supartz and the MRI were denied twice based on a lack of new information or evidence for osteoarthritis. On 06/05/07 Dr. indicated that she had catching of the patella and the patellofemoral joint. He noted the cartilage flap at the time of surgery and recommended an MRI to check the knee status and an MRI to assess the knee to rule out other pathology.

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

The most recent radiographs in this case are simply normal. The films of March 15, 2007 did not include any reference to arthritic change. Furthermore, the physical examination would appear quite unremarkable with full range of motion, no effusion and no instability. There is no documentation of failed steroid injections. In the absence of documented arthritis, and in the absence of failed steroid injections coupled with arthritis findings, the Reviewer would not recommend Visco supplementation as medically necessary. Once again, the records in this case simply fail to outline arthritic change by way of films. There has been no trial of intra-articular steroids as outlined above.

Furthermore, it is difficult to understand the indications for MRI in this case. In a knee with no effusion, full motion and no instability, the clinical indications would be quite unclear in a knee with normal films. There would be no additional indication. There is certainly nothing in these records to suggest that infection or tumor is a consideration. There is certainly no focal finding documented in this case to suggest that there is worry regarding the meniscal cartilages, collateral ligaments or cruciate ligaments. The recommendation for the MRI is unclear. The Reviewer would not recommend the MRI as medically necessary.

Official Disability Guidelines Treatment in Worker's Comp2007 Update, Knee:

Visco - Recommended as an option for osteoarthritis. Intra-articular injection of hyaluronic acid (e.g., Synvisc) can decrease symptoms of osteoarthritis of the knee; there are significant improvements in pain and functional outcomes with few adverse events. The number of

injections should be limited to three.with no difference between 3 or 6 consecutive injections.

MRI

-Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.

- Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement

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)**