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DATE OF REVIEW:

JUNE 20, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat MRI of right knee

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

M.D. American Board

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

Office notes, Dr., 05/06/88, 05/19/88, 06/03/88, 07/08/88, 08/01/88, 09./02/88, 10/20/88 and 06/01/98

Letters, Dr., 10/12/89, 03/09/89, 05/03/89, 05/08/89 06/12/89, 08/11/89, 01/15/90, 08/13/90, 10/19/91, 10/28/91, 12/05/92, 04/28/94, 05/20/94, 10/25/94, 11/04/94, 12/30/94, 01/10/95, 04/06/95, 06/05/95, 07/21/05, 05/15/98, 06/12/98, 07/17/98, 07/24/98, 08/14/98, 09/14/98, 10/13/98, 01/04/99, 03/01/99, 03/25/99, 09/03/99, 07/05/00, 10/02/00, 12/11/00, 03/09/01, 07/10/01, 10/11/01, 01/15/02, 04/22/02, 07/16/02, 10/17/02, 12/23/02, 03/21/03 and 06/12/03

Right knee MRI, 01/02/90, 10/10/91 and 05/12/98

Letter, Dr., 11/29/94

RME, Dr., 05/18/98

Office notes, Dr., 10/22/03, 02/12/04, 08/20/04, 12/14/04, 03/08/05, 05/24/05, 11/07/05, 06/22/06, 01/03/07, 03/23/07 and 04/30/07

Functional capacity evaluation, Dr., 04/16/04
RME, Dr., 07/04/06
Office note, Dr., 04/17/07
Prescription, Dr., 04/18/07
Note, Dr., 05/23/07
Office note, Dr., 05/29/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male who was status post xx/xx/xx arthroscopic right partial medial meniscectomy, 11/04/91 partial right arthroscopic medial meniscectomy and 06/01/98 arthroscopic right partial medial meniscectomy with shaving of the medial femora condyle. All of the surgeries were performed by Dr. The Patient was followed by Dr. on several occasions through out the years for complaints of chronic pain and stiffness. The Patient was treated with anti-inflammatory medications, off work and narcotics. The Patient also treated with Dr. for upper extremity pain and underwent a 12/15/94 carpal tunnel re-decompression.

On 10/11/01, Dr. saw the Patient. X-rays of the knee confirmed the presence of very mild osteophytic osteoarthritis over the medial and patellofemoral compartments. Conservative treatment was recommended. On 12/23/02, Dr. examined the Patient, found a large knee effusion and recommended an aspiration which the Patient refused. The Patient began treating with Dr. of occupational medicine for long term pain management. Dr. saw the Patient on 02/12/04, 08/20/04, 03/08/05 and 11/07/05 for chronic knee pain. Dr. prescribed Vicodin, Celebrex and Ambien.

On 07/04/06 Dr. performed a required medical examination. Exam findings revealed right knee flexion to 120 degrees, zero degrees extension, no instability and no quad atrophy. Motor was 4+/5 to the lower extremity. Impression was post traumatic arthritis. Dr. recommended Vicodin and Celebrex. Dr. felt that Ambien was not medically necessary as related to the degenerative joint disease and that his condition would naturally worsen due to the degenerative arthritis.

On 03/23/07, Dr. saw the Patient for worsening of pain complaints. Dr. referred the Patient to orthopedics and recommended an MRI of the right knee. The 04/18/07 x-rays of the right knee showed questionable 7 millimeter loose body and medial joint space narrowing with mild marginal spurring. On 05/29/07, Dr. saw the Patient with symptoms of right knee pain located globally about the knee. The Patient was unable to squat. The Patient noted swelling, popping, grinding and a feeling of his knee slipping out of place. There were sensations of giving way and stiffness. The Patient reported numbness in his knees which Dr. had difficulty understanding. Exam findings revealed limping on the right knee, inability to squat or leg hop and no effusion. Motion was 0 to 95 degrees. There was tenderness and patellofemoral crepitus. McMurray produced pain but without clunk. There was rotational instability of 1plus at 30 degrees flexion. X-rays that day of the right knee showed degenerative changes primarily involving the medial compartment right knee. Impression was painful right knee secondary to degenerative arthritis and complaints somewhat out of proportion to his clinical findings. Dr. recommended an MRI of the right knee to better assess the articular surfaces.

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

The Patient is a gentleman with a long history of right knee complaints. He was initially injured in xx/xx/xx and underwent a xx/xx/xx arthroscopic partial medial meniscectomy. He then underwent a xxxx and xxxx MRI of the right knee and follow up xx/xx/xx arthroscopic partial medial meniscectomy of the right knee. He then underwent a xx/xx/xx MRI of the right knee and a follow up xx/xx/xx arthroscopic medial meniscectomy of the right knee. He has continued to have intermittent, but ongoing right knee complaints and there have been some x-rays over time documenting right knee degenerative changes. The records also indicate over time that he will need a knee replacement operation. In 2007 he continued to treat with his physicians who documented increasing knee pain without a specific history of a new acute injury. X-rays were done and on 04/18/07 they documented medial joint space narrowing with a questionable loose body and an MRI was requested.

In light of the fact that the Patient has had three operative arthroscopies to include medial meniscal shaving at each setting in the past, then a repeat MRI is actually not going to be able to give any specific information about the condition of his medial knee based on progressive arthritic changes due to his multiple operative procedures. The use of an MRI could be indicated following an acute trauma to rule out fracture, but that is not the case in this Patient. This is a Patient who has progressive knee pain, joint line narrowing and loss of knee function over time. While he may need further treatment, there is no specific medical indication for an MRI as it is not going to give any information that is going to be relevant to his type of care received. Therefore, the Reviewer does not see the medical indication for the requested MRI at this time.

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

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates Knee:

- 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)