

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 04/28/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left hip MRI

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

Board Certified in Orthopedic Surgery

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.

Left hip MRI- Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A letter from the claimant dated 10/26/05
A letter from, M.D. dated 03/06/06

Procedure notes from M.D. dated 05/16/06, 09/01/06, and 02/27/08
Evaluations with Dr. dated 08/24/06, 09/18/06, 10/16/06, 11/17/06, 01/22/07, 05/22/07, 11/13/07, 01/21/08, and 03/31/08
An MRI of the left thigh interpreted by M.D. dated 09/16/06
A Designated Doctor Evaluation with M.D. dated 02/28/07
An evaluation with M.D. dated 05/29/07
A letter from Attorney at Law, dated 06/18/07
An application for Disabled Person ID Placard and/or Disabled Person License Plate dated 09/24/07
Letters from Dr. dated 10/15/07 and 11/19/07
A Benefit Dispute Agreement dated 02/04/08
Nursing activity notes from and L.V.N. dated 02/22/08, 03/12/08, 03/14/08, 03/17/08, 03/21/08, and 03/27/08
A patient information form dated 03/12/08
A Physician Advisor Report from M.D. dated 03/14/08
A letter of denial, according to the ODG, from Dr. dated 03/18/08
A Physician Advisor Report from D.O. dated 03/21/08
A PLN-11 form from the insurance carrier dated 03/24/08
A Required Medical Evaluation (RME) with M.D. dated 03/27/08
Letters of denial, according to the ODG, from Dr. dated 03/28/08 and 04/08/08
An undated Job Even Chronology chart
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

On 03/06/06, Dr. recommended physical therapy and rehabilitation. Left SI joint and left piriformis muscle injections were performed by Dr. on 05/16/06 and 09/01/06. On 08/24/06, Dr. performed another piriformis injection. An MRI of the left thigh interpreted by Dr. on 09/16/06 was unremarkable. On 09/18/06, Dr. recommended Lyrica, an MRI of the foot, and an EMG/NCV study. On 11/17/06, Dr. recommended an over-door cervical traction unit and decreasing Lyrica. On 01/22/07, Dr. recommended cervical facet joint injections. On 02/28/07, Dr. placed the claimant at Maximum Medical Improvement (MMI) at that time with a 4% whole person impairment rating. On 11/13/07 and 01/21/08, Dr. recommended left SI joint and piriformis injections. Left SI joint and piriformis injections were performed by Dr. on 02/27/08. On 03/18/08, Dr. wrote a letter of non-certification for a left hip MRI. On 03/24/08, the insurance carrier stated the compensable injury was only limited to the left hip and left quadriceps. On 04/01/08, Dr. did not recommend further treatment. On 03/28/08 and 04/08/08, Dr. wrote letters of denial for the left hip MRI.

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

The claimant apparently had a sprain/strain to the quadriceps muscle at the time of injury. There is good evidence that she has underlying degenerative arthritis of the hip, although a plain film x-ray has not already been done. An MRI of the hip will not be used to change or guide treatment. At this time, further diagnostics for the occupational injury does not seem to be necessary. Per the ODG, an MRI is not appropriate at this time. Therefore, the left hip MRI is neither reasonable nor necessary on several grounds.

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)