


INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision
 REVISED
 Reviewer's decision changed upon receipt of pertinent information.
 See **BOLD** print.

REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MRI scan, right knee

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board-certified orthopedic surgeon with extensive experience in the evaluation of patients suffering internal derangement of the knee

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

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

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
?	73721		Prosp.	1					Overturn

INFORMATION PROVIDED FOR REVIEW:

- Independent Review, Inc. forms
- TDI assignment forms
- Denial letter 03/14/08 and undated, and criteria used in the denial (ODG)
- Report of MRI, right knee, 03/13/08
- Clinical notes 02/29/08, 03/03/08, 03/04/08, and 03/18/08
- Nursing notes 03/18/08 and 03/27/08 (**Additional note dated 03/04/08 provided**)
- Operative report 03/27/08
- Prima-Care evaluation 02/29/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate xx-year-old female suffered a twisting injury of her right knee on xx/xx/xx. The mechanism of injury is not well described. She had a diminished range of motion of the right knee when initially evaluated. An MRI scan was obtained on March 13, 2008. An arthroscopy and partial medial meniscectomy was accomplished on March 27, 2008. .

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

Although MRI scan is frequently utilized as a preoperative diagnostic study for knee injury, the criteria as stated in the ODG 2008 specifically require the performance of plain x-rays prior to obtaining an MR scan of the knee. **That study was obtained. The criteria for this study as stated in the current volume of the ODG were met and obtaining the MRI prior to surgery is appropriate.**

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
 - AHCPH-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 judgment, clinical experience and expertise in accordance with accepted medical standards.
 - Mercy Center Consensus Conference Guidelines.
 - Milliman Care Guidelines.
 - ODG-Official Disability Guidelines & Treatment Guidelines, knee chapter, page 720
 - Pressley Reed, The Medical Disability Advisor.
 - Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
 - Texas TACADA Guidelines.
 - TMF Screening Criteria Manual.
 - Peer reviewed national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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