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Notice of Independent Review Decision

DATE OF REVIEW: August 8, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

MRI right knee (73721)

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

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years.

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation does not support the medical necessity of MRI right knee (73721)

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a female who was injured on xx/xx/xx when she slipped and fell on her knees and extended and abducted her right thigh.

Following the injury, the patient was seen by M.D., for right hip and inguinal discomfort. X-rays were negative. She was diagnosed with right hip strain; was treated with oral medications, transdermal creams, physical therapy (PT); and was released to light duty. She had some pain in right hip and radiating pain in the right leg associated with numbness/tingling. Electromyography/nerve conduction velocity (EMG/NCV) study of the lower extremities was normal. Later, she was diagnosed with right greater trochanteric bursitis. Dr. felt that majority of her pain was coming from her low back. He assessed maximum medical improvement (MMI) as of February 14, 2007, and assigned 0% whole person impairment (WPI) rating.

M.D., noted some pain with hyperflexion of the right knee, pain with patellofemoral compression, and crepitus with range of motion (ROM). She assessed right leg sciatica and right knee pain and administered injections in the

right trochanteric bursa and the right knee.

Magnetic resonance imaging (MRI) of the right knee revealed superior surface and under surface tears of the posterior horn of the medial meniscus with myxoid degeneration. MRI of the lumbar spine revealed a tiny central annular tear at L1-L2 with mild facet degeneration, a small central herniated nucleus pulposus (HNP) at L2-L3 with extrusion, and mild disc desiccation at L5-S1. In a designated doctor evaluation (DDE), M.D., assessed knee contusion with possible internal derangement, lumbosacral strain/sprain, and right hip sprain/strain. He stated the patient was not at MMI for the need of further evaluation and opined that the extent of the compensable injury should include lumbosacral and sacroiliac (SI) joint and knees.

In 2008, the patient came under the care of D.C. M.D., a pain specialist, prescribed diclofenac, Tylenol, cyclobenzaprine, and a transdermal cream.

In June, M.D., an orthopedic surgeon, saw the patient for right knee complaints. He noted medial and lateral joint line pain, positive Apley's and McMurray's tests, and mild effusion in the right knee. He recommended MRI of the right knee.

On July 2, 2008, D.O., denied the request for right knee MRI with the following rationale: *"Extent defined by previous MRI of March 29, 2007, and DDE of March 30, 2007, which documented no swelling or effusion. The February 27, 2006, note also documents no effusion, no instability, full ROM, and negative McMurray's. Serial exams do not support necessity of repeat imaging under xx/xx/xx, occupational injury claim."*

On July 8, 2008, Dr. reevaluated the patient to determine the extent of the compensable injury (incomplete report).

On July 14, 2008, M.D., denied the request for reconsideration of right knee MRI with the following rationale: *"I recommend upholding the initial adverse determination. There was no additional medical information that was provided that was not available to the initial level reviewer. Issues brought up by the initial level reviewer were not addressed. There was no additional medical information provided that would compel overturning the initial adverse determination."*

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

Previous MRI revealed only expected conditions in a fifty plus year old female and DDE reported essentially normal exam without residual (0% WPI). There is no new medical information provided to indicate worsening of the condition as related to the xx/xx/xx, workers' compensation injury.

In summary, there is no evidence to support the need for repeat MRIs as related to the occupational injury of xx/xx/xx.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN

ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS