



REVIEWER'S REPORT

DATE OF REVIEW: 03/20/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

MRI scan, right knee.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed a note from Dr. indicating that this individual had slipped and injured the right knee.
2. MRI scan of the right knee dated 07/09/04, which reads, “Subcortical bruises in the posterior aspect of the tibial plateau; irregularity of the medial meniscus, particularly in the posterior horn, suspicious for a tear; partial thickness tear of the anterior cruciate ligament; large intraarticular effusion, no evidence of meniscal injury.” This was signed by Dr.
3. I reviewed additional progress notes from Dr. from 07/12/04 and 07/26/04.
4. I reviewed a narrative report of 07/29/04 authored by Dr. The impression was “torn meniscus, right knee and partial and incomplete tear of the anterior cruciate ligament with a firm endpoint.”
5. I reviewed additional progress notes thereafter from Dr. dated 08/09/04.
6. I did review an operative report of 08/13/04 from Dr. The surgical reports reads, “Torn medial and lateral meniscus of right knee with incomplete tear of anterior

cruciate ligament but felt to be insufficient. Chondromalacia; grade 3, of the lateral femoral condyle.” The anterior cruciate ligament laxity was not addressed surgically.

7. Post surgical notes from Dr. on 09/09/04 were reviewed.
8. I reviewed an 11/18/04 post surgical note from Dr. He was three months out from his surgery and had completed his physical therapy one month previously and was doing home exercises. He indicated his right knee was doing fine with no difficulties. He still found the anterior cruciate ligament laxity.
9. I reviewed a narrative report from Dr. dated 02/08/05 for purposes of impairment rating. He was felt to be at maximum medical improvement on 09/20/04. He continued to have laxity of the anterior cruciate ligament.
10. I reviewed a note from Dr. dated 01/09/08.
11. I reviewed a note from Dr. dated 01/16/08. He had an effusion of the right knee with anterior cruciate ligament laxity and positive Lachman’s sign.
12. I reviewed a 03/10/08 note of nurse.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a male who slipped off a stool with rollers and heard his right knee pop, which was followed by pain and swelling. He was evaluated and treated conservatively. He had an MRI scan and ultimately underwent medial and lateral meniscal tear repair. He was found to have an insufficient ACL, which the injured employee decided not to have repaired. He was seen on 02/08/05 for an impairment rating. He was felt to be at maximum medical improvement. There was no additional intervention until 01/09/08. He now has a sore knee with effusion. There continues to be laxity of the anterior cruciate ligament. The documentation provides a large void in care for almost three years from the impairment rating on 02/08/05 until he returned in January 2008. With his reappearance of his knee pain, it is difficult to link this with the original injury, given the three-year hiatus of treatment and lack of detailed history covering those three years contained in the contemporary medical records.

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

While this gentleman certainly has justification to have an MRI scan by ODG Guidelines, the causal relationship between the need for the MRI scan and the original work injury date is not established. Therefore, the MRI scan is not recommended for approval at this time.

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

(Check any of the following that were used in the course of your review.)

- _____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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)