

# IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Fax: 817-549-0310

Notice of Independent Review Decision

**DATE OF REVIEW:** May 8, 2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

MRI left knee with contrast and MRI right knee

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

Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Peer Reviews 01/22/08, 04/15/08

Dr. 04/30/07, 05/11/07, 06/12/07

Dr. 05/23/07, 06/11/07, 07/18/07, 11/02/07, 11/09/07, 11/16/07, 11/26/07, 11/30/07, 01/09/08, 03/17/08

Operative report 07/10/07

MRI bilateral knees 06/05/07

MRI Lumbar spine 04/30/07

Letter from claimant 03/10/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This xx year old claimant was diagnosed with internal derangement of both knees after a reported work injury on xx/xx/xx. The claimant reported bilateral knee pain and difficulty squatting and climbing stairs. An MRI of the left knee done on 06/05/07 showed a torn meniscus and chondromalacia of the patella. A right knee MRI also done on 06/05/07 revealed chondromalacia of the patella.

The claimant subsequently underwent a left knee arthroscopic chondroplasty of patella and synovial resection in the patellofemoral joint on 07/10/07. The records indicated that the claimant then underwent right knee Hyalgan injections in November 2007 with physician documentation on 01/09/08 that the Hyalgan injections really did not help the left knee. Also on the physician visit of 01/09/08, some swelling to both knees was noted on examination with good range of motion of the right knee and decreased range of motion of the left knee. MRI's of both knees were recommended.

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

The medical necessity of MRI of the left knee with contrast and MRI of the right knee does not appear to be reasonable and indicated.

This is a xx-year-old female who has a date of injury of xx/xx/xx while moving a stack of jugs of water the stack fell and forced the patient to the ground injuring the patient's low back twisting both of her knees. She has had an MRI of her left and right knees dating back to 06/05/07 each of which demonstrated severe degenerative changes of the undersurface of the patella. There is questionable tearing of the medial meniscus on the left. Each had a small joint effusion noted as well. Her left knee on 07/10/07 underwent arthroscopic chondroplasty of the patella, synovial resection of the patellofemoral joint, and she has had Hyalgan injections within her right knee.

The claimant has not reported a new injury. No new examination findings have been documented that would support an MRI. There is no evidence within the medical records to indicate that repeating her MRI's will provide any clinical information or changes in her clinical course of treatment. Based upon the medical records, repeat MRI of the left and right knee is not indicated.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Knee and Leg: MRI's (magnetic resonance imaging)

Indications for imaging -- MRI (magnetic resonance imaging):

- Acute trauma to the knee, significant trauma (e.g, motor vehicle accident), suspect posterior knee dislocation.
- Nontraumatic knee pain, child or adolescent: nonpatellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed.
- Nontraumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected.
- Nontraumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected.

- Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening).

**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)