



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 05/04/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Repeat MRI scan of the right knee.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., duly licensed physician in the State of Texas, fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, with over 20 years experience in the active practice of 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. Right knee x-ray dated 12/08/07
2. Right knee MRI scan dated 12/28/07
3. Initial consultation and progress notes from Dr. from 02/25/08 through 04/21/08
4. Initial consultation from Dr. dated 04/01/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was injured when she tripped over a seat belt in her school bus, falling on her knees and right shoulder. Right knee x-ray on 12/08/07 was entirely normal. Right knee MRI scan three weeks later on 12/28/07 demonstrated a nondisplaced fracture of the inferior third of the patella but no evidence of meniscal or ligamentous tear and only mild scarring of the distal fibers of the anterior cruciate ligament. On 02/25/08 the claimant was evaluated by Dr. who noted that the claimant had apparently had nine visits of

physical therapy with no relief as well as a nonspecified injection of the right knee, providing only two hours of relief. Physical examination documented full active range of motion of the right knee with no pain associated with either provocative flexion or extension. There was extreme tenderness over the medial joint line but no tenderness over the patella, no effusion, and no abnormal tracking of the patella. Dr. recommended a repeat MRI scan, expressing concern about the possibility of a meniscus tear. The initial review by a physician adviser regarding the request recommended nonauthorization based on the claimant having no mechanical symptoms as well as having no evidence of significant repeat injury or change in symptoms. On 04/01/08 the claimant was evaluated by Dr., complaining primarily of right shoulder and right knee pain with only "occasional" right knee pain. Unlike Dr.'s analysis, Dr. stated the claimant told him that physical therapy had helped her as well as muscle relaxers, heat, and bed rest. Dr. did not perform any evaluation of the claimant's right knee, concentrating instead on her right neck and periscapular region. A second independent physician adviser review recommended nonauthorization of the request for repeat MRI scan, noting that no clinical information was submitted with the reconsideration request. On 04/21/08 Dr. evaluated the claimant, again noting her continued medial joint pain and tenderness with "full motion of the right knee." She recommended repeating physical therapy.

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

It is clear that the initial MRI scan demonstrated only nondisplaced fracture of the inferior third of the patella with no evidence of pathology, damage, injury, or harm of any meniscus or any ligament. The mild scarring of the distal fibers of the anterior cruciate ligament would, by the very nature of their presence three weeks after the alleged injury, be indicative of a pre-existing degenerative condition. The claimant's physical examination and symptoms have been stable since the initial evaluation by Dr. on 02/25/08. Absent any significant change in physical examination or subjective symptoms, there is no reason to repeat imaging studies. Additionally, when the claimant was evaluated by Dr. on 04/01/08, she did not even voice a significant complaint of right knee pain, and Dr. did not even see fit to evaluate her right knee, focusing his examination solely on the right neck and periscapular region. Therefore, the recommendations for nonauthorization of the request for a repeat right knee MRI scan are upheld, as the claimant has no evidence of re-injury since the initial MRI scan as well as no change in subjective complaints or physical examination findings. A repeat MRI scan of the right knee, therefore, is clearly not medically reasonable or necessary as related to the work injury.

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 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.
- 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.)